

AD-A202 741

(2)



United States Army
Health Care Studies



and
Clinical Investigation Activity

THE ARMY AMBULATORY CARE DATA BASE (ACDB) STUDY:
IMPLEMENTATION AND PRELIMINARY DATA

MAJ(P) JAMES M. GEORGOULAKIS, PhD, MS
MAJ(P) JEFFREY P. MOON, MS
GS-7 SUE AKINS
LTC IRENE BEGG, SP
LTC TERRY R. MISENER, PhD, AN (RETIRED)
GS-12 DAVID R. BOLLING
INITIAL REPORT
REPORT #HR88-002C

SEPTEMBER 1988

DTIC
ELECTE
DEC 21 1988

C3
D

US ARMY
HEALTH SERVICES COMMAND
FORT SAM HOUSTON, TEXAS 78234

APPROVED FOR PUBLIC RELEASE
DISTRIBUTION UNLIMITED

88 12 20 224

NOTICE

The findings in this report are
not to be construed as an official
Department of the Army position
unless so designated by other
authorized documents.

* * * * *

Regular users of services of the Defense Technical Information Center
(per DOD Instruction 5200.21) may purchase copies directly from the
following:

Defense Technical Information Center (DTIC)
ATTN: DTIC-DOR
Cameron Station
Alexandria, VA 22304-6145

Telephones: AUTOVON (108) 284-7633, 4, or 5
COMMERCIAL (202) 274-7633, 4, or 5

All other requests for these reports will be directed to the following:

U.S. Department of Commerce
National Technical Information Services (NTIS)
5285 Port Royal Road
Springfield, VA 22161

Telephone: COMMERCIAL (703) 487-4600

REPORT DOCUMENTATION PAGE

1a. REPORT SECURITY CLASSIFICATION Unclassified		1b. RESTRICTIVE MARKINGS							
2a. SECURITY CLASSIFICATION AUTHORITY		3. DISTRIBUTION/AVAILABILITY OF REPORT Approved for public release; distribution Unlimited.							
2b. DECLASSIFICATION/DOWNGRADING SCHEDULE									
4. PERFORMING ORGANIZATION REPORT NUMBER(S) HR 88-002B		5. MONITORING ORGANIZATION REPORT NUMBER(S)							
6a. NAME OF PERFORMING ORGANIZATION U.S. Army Health Care Studies & Clinical Investigation Activity	6b. OFFICE SYMBOL (If applicable) HSHN-H	7a. NAME OF MONITORING ORGANIZATION OASD(HA)							
6c. ADDRESS (City, State, and ZIP Code) Fort Sam Houston, TX 78234-6060		7b. ADDRESS (City, State, and ZIP Code) The Pentagon WASH, D.C. 20310-2300							
8a. NAME OF FUNDING/SPONSORING ORGANIZATION HQDA	8b. OFFICE SYMBOL (If applicable) DASG-RMP	9. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER							
8c. ADDRESS (City, State, and ZIP Code) 5109 Leesburg Pike Falls Church, VA 22041-3258		10. SOURCE OF FUNDING NUMBERS <table border="1"> <tr> <td>PROGRAM ELEMENT NO. 847714</td> <td>PROJECT NO.</td> <td>TASK NO.</td> <td>WORK UNIT ACCESSION NO. DA305757</td> </tr> </table>		PROGRAM ELEMENT NO. 847714	PROJECT NO.	TASK NO.	WORK UNIT ACCESSION NO. DA305757		
PROGRAM ELEMENT NO. 847714	PROJECT NO.	TASK NO.	WORK UNIT ACCESSION NO. DA305757						
11. TITLE (Include Security Classification) (U) The Army Ambulatory Care Data Base (ACDB) Study: Implementation and Preliminary Data									
12. PERSONAL AUTHOR(S) MAJ(P) James M. Georgoulakis, MAJ(P) Jeffrey P. Moon, Ms. Sue Akins, LTC Irene Begg, LTC(RET) Terry R. Misener, Mr. David R. Bolling									
13a. TYPE OF REPORT Initial Report	13b. TIME COVERED FROM 1984 TO 1987	14. DATE OF REPORT (Year, Month, Day) 88 September	15. PAGE COUNT 308						
16. SUPPLEMENTARY NOTATION									
17. COSATI CODES <table border="1"> <tr> <th>FIELD</th> <th>GROUP</th> <th>SUB-GROUP</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		FIELD	GROUP	SUB-GROUP				18. SUBJECT TERMS (Continue on reverse if necessary and identify by block number) Ambulatory care; Data collection, Patient encounter (visit); Health care provider; Diagnosis; Procedure; Personnel, Hospital personnel management	
FIELD	GROUP	SUB-GROUP							
19. ABSTRACT (Continue on reverse if necessary and identify by block number) The ACDB was performed under the ambulatory portion of the Tri-Service Performance Measurement Study (PMS). The purpose of the PMS was to develop an alternative measure for military medical work units. Outpatient data collected in over 70 clinical specialties at six medical facilities over a 21-month period using optical mark sense technology is stored in a central data base at Fort Detrick, Maryland. A total of 3,108,741 patient encounters were captured. Forty-four clinic encounter variables include diagnoses, procedures performed, time spent with patient, type of provider, and place of visit. Fourteen patient demographic variables and seven health care provider variables were also captured. Reliability of data was verified by a manual review of data collected against the medical record entries for 9,015 patient encounters at the six sites. Analysis of data will be covered in subsequent reports. <i>Keywords: Data base management; health services; ambulatory care; health services; diagnostic medicine; personnel management</i>									
20. DISTRIBUTION/AVAILABILITY OF ABSTRACT <input checked="" type="checkbox"/> UNCLASSIFIED/UNLIMITED <input type="checkbox"/> SAME AS RPT. <input type="checkbox"/> DTIC USERS		21. ABSTRACT SECURITY CLASSIFICATION Unclassified							
22a. NAME OF RESPONSIBLE INDIVIDUAL MAJ(P) James M. Georgoulakis		22b. TELEPHONE (Include Area Code) (512) 221-4880/5880	22c. OFFICE SYMBOL HSHN-H						

TABLE OF CONTENTS

DISCLAIMER.	i
REPORT DOCUMENTATION PAGE (DD Form 1473)	ii
TABLE OF CONTENTS	iii
LIST OF APPENDICES	iv
SUMMARY	1
ACKNOWLEDGEMENTS	2
INTRODUCTION	4
Purpose	4
Background	5
OBJECTIVES	7
METHODOLOGY	8
RELIABILITY OF THE ACDB DATA.	25
HEALTH CARE PROVIDER SURVEY	30
STUDY RESULTS	31
DISCUSSION	33
ISSUES IMPACTING THE STUDY.	35
REFERENCES	42
GLOSSARY.	44
DISTRIBUTION.	45



Accession For	
NTIS CRA&I	<input checked="" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By	
Distribution	
Availability Codes	
Dist	Avail and/or Special
A-1	

LIST OF APPENDICES

- Appendix A - Patient and Provider Registration Forms
- Appendix B - Clinical Specialty Forms for Patient Encounters
- Appendix C - Clinical Short Forms for Patient Encounters
- Appendix D - Clinical Repeat Procedure Form for Patient Encounters
- Appendix E - Samples of Computer Reports for Sites
- Appendix F - Revised Clinical Specialty Forms
- Appendix G - Reliability Study Scoring Instrument
- Appendix H - Analysis of Reliability Pilot Study Data
- Appendix I - Analysis of Reliability Data for All Study Sites
- Appendix J - Health Care Provider Survey Instrument
- Appendix K - List of Patient Encounters by Clinical Category
- Appendix L - List of Types of Participating Health Care Providers
- Appendix M - Clinic Encounter Variables
- Appendix N - Demographic Variables
- Appendix O - Participating Physicians by Clinical Specialty
- Appendix P - Encounters by Provider Category
- Appendix Q - Encounters with Completed Registrations

SUMMARY

In providing more than 22 million outpatient visits per year (Annual Health of the Army Report, 1988), the U.S. Army Medical Department (AMEDD) is one of the largest Health Maintenance Organizations in the world. Accordingly, the need for an Ambulatory Care Data Base to provide management, epidemiological, and cost indicators has long been recognized by the Army Surgeon General. An initial step toward the feasibility of such a data base was made in November of 1982 when a 6-month study was undertaken to collect outpatient medical care information (including demographic and workload data, and patient diagnoses) at Fox Army Community Hospital, Redstone Arsenal, Huntsville, Alabama. Based on the results of this study (Misener & Gilbert, 1984), the study directors recommended that the data collection methodology (with some modifications) be evaluated further at other sites. Before the recommended project could be funded by the U.S. Army Health Services Command, the methodology was incorporated into the ambulatory portion of the AMEDD Performance Measurement Study (PMS) which was subsumed under the DOD Tri-Service Performance Measurement Study in 1986. The purpose of the Tri-Service PMS was to develop a viable alternative to the present method of measuring military medical work units using multiple variables to accurately reflect the complexity involved in resource allocation for ambulatory services.

As the ambulatory portion of the Tri-Service Performance Measurement Study, the ambulatory care study was developed with three major objectives:

1. Develop a decentralized and automated system necessary for an ambulatory data base.
2. Insure that the data base has relevance for clinical practice and research.
3. Evaluate the system's feasibility for continued use and expansion

throughout the AMEDD.

The data collection phase of the study was conducted over a 21-month period at six Army medical treatment facilities (MTFs) which were selected based on their diverse missions and types of populations served. Preliminary results of the study indicate that the initial objectives of the study (including the development of a very extensive clinical data base) were accomplished. More than 4,000 health care providers participated in the project. These providers cared for over 792,000 patients who represented some 3.1 million patient visits. Additionally, the care provided represented 70 clinical specialties and provided detailed information on 4,300 diagnoses and 1,700 procedures.

ACKNOWLEDGMENTS

The complexity and geographic locations of this study necessitated a monumental effort by a relatively small group of dedicated Army personnel. It will not be possible to acknowledge all the military and civilian employees who contributed to the successful and unprecedented ambulatory data collection process. There are, however, a number of individuals who provided Principal Investigators LTC Terry Misener and LTC Irene Begg with timely support and advice in the design, implementation, and management of the study.

Several members of the Armed Forces Epidemiological Board (AFEB) gave continued support throughout the project. Theodore E. Woodward, M.D., AFEB President and Professor Emeritus, University of Maryland; Paul M. Densen, D.Sc., Professor Emeritus, Harvard University; and Leonard T. Kurland, M.D., Mayo Clinic were among those who provided support and guidance.

The present Commander of HCSCIA, Colonel David A. McFarling, M.D. has provided support and clinical expertise and Deputy Commander Robert W. Hilliard has been instrumental in project coordination. Former HCSCIA

Commanders Colonel Fred Cecere, M.D. and Colonel Larry Becker, M.D. were strong supporters. Retired Colonel Donald Rosenberg, M.D. and Colonel Robert Slay, M.D. provided expert clinical input during the difficult task of developing medical specialty procedure and diagnosis lists. Lieutenant Colonels Martha Bell, Valerie Biskey, John Coventry, and Donald O'Brien performed key roles in the development of the data collection instrument and overall project management. Majors Stuart Baker and James King were instrumental in developing computer operating assistance instructions and provided a great deal of technical support. Ms. Velda Austin and Ms. JoAnn Clay provided computer programming support in the initial development of the study diagnosis and procedure codes. Ms. Pat Gilbert, Ms. Pat Twist, and Ms. Sandy Bennett played vital roles in the implementation and training program phases in addition to management analysis support. A. David Mangelsdorff, Ph.D., M.P.H. provided computer programming support. Mr. Jack Salwinski worked long hours developing scanner programs for the study. Ms. Louisa Lowman eagerly provided clerical support.

Employees of National Computer Systems (NCS), Mr. Hal Hill and Ms. Mimi Ginder, were responsive to all study computer hardware and collection form development needs.

Special noteworthy contribution acknowledgments are due to Fort Detrick Data Processing Center and individual study site commanders and computer personnel. Mr. David Bolling's attention to detail and troubleshooting talents were fundamental to a successful study.

The following MTF Commanders were instrumental to the study effort:

1. Brooke Army Medical Center (BAMC): Brigadier General Girard Seitter, III and Colonel Michael Antopol

2. Fort Bragg: Brigadier General James Rumbaugh and Colonel Livio F. Pardi
3. Fort Campbell: Colonel R. J. Kreutzmann and Colonel Richard Blount
4. Fort Jackson: Colonel Herbert Segal and Colonel James Connally II
5. Fort Polk: Colonel M. J. Scotti, Jr. and Colonel Garland McCarty
6. Redstone Arsenal: Colonel Edward Johnson and Colonel Arthur Hadley,

III

Likewise, the following temporary hire personnel, who managed the local collection process, performed admirably: Ms. Sheron Jackson (BAMC), Ms. Jennifer Gilmore (Fort Bragg), Ms. Zoe Mitchell (Fort Campbell), Ms. Nancy Smith, Ms. Jeannette Ratcliffe and Ms. Debra Alexander (Fort Jackson), Mr. Walt Thompson (Fort Polk), and Mr. Chuck Philpott (Redstone Arsenal). Finally, thanks to the more than 4,000 provider/participants of the study whose efforts were the foundation for the entire project. Army medical management will be enhanced because of their perseverance.

INTRODUCTION

Purpose

Outpatient care is the fastest growing component of health care today. Total national expenditures for community hospital ambulatory care are expected to increase from 20 billion dollars in 1984 to 46 billion dollars by 1990 (Arnett et al., 1986). Unfortunately, the military is included in this anticipated rise with outpatient care expenditures expected to grow from nearly two billion dollars in 1984 to over three billion dollars in 1990 (Optenberg, 1987). In 1987, more than 22 million outpatient visits were recorded by Army Medical Treatment Facilities (MTF) (Annual Health of the Army Report, 1988). Based on information such as this, the need for an Ambulatory Care Data Base (ACDB) to provide management, epidemiological, and cost

indicators has long been recognized within the Department of Defense (DOD).

Background

In 1981 Major General Quinn Becker, Commandant of the Academy of Health Sciences, U.S. Army (AHS), submitted to the Army Medical Department (AMEDD) Study Program a proposal to investigate the feasibility and benefits of an ambulatory care data base within the Army. The study was subsequently approved for inclusion in the 1982 AMEDD Study Program and assigned to the Health Care Studies Division, AHS.

The study (Misener & Gilbert, 1984) investigated the feasibility of an ambulatory care data base. The study addressed two concerns: (1) whether or not it was possible to capture the necessary information for an ambulatory data base (i.e., would health care providers complete forms in addition to required entries in the outpatient medical record), and (2) what types of reports could be generated from the data. The study was conducted for 6 months at Fox Army Hospital, Redstone Arsenal, Alabama. Fox Army Hospital, a small manageable MTF, met the study requirements for separate occupational health, troop, and outpatient clinics.

At the conclusion of the project, the researchers reported that the study objectives were met and recommended that the data collection methodology (with some modifications) be tested at more sites for eventual implementation.

A step toward expanding the collection methodology to other sites was initiated at the 1984 U.S. Army Health Services Command (HSC) Commanders Conference when the results of the Redstone study were presented. Based on this presentation, 22 MTF commanders requested that their facilities be selected for the expansion of the project. In order to improve the validity and reliability of the expanded project, it was deemed essential that health

care providers recognize the requirements and benefits of such a data base. To facilitate this, the Deputy Commander for Clinical Services at HSC agreed to accept proponentcy. Budgetary and operational planning were initiated for further evaluation.

Before the project could be funded by HSC in 1984, it was incorporated into the ambulatory portion of the AMEDD Performance Measurement Study (PMS) which in turn was subsumed under the Tri-Service Performance Measurement Study in 1986. The purpose of the Tri-Service PMS was to develop a viable alternative to the Medical Care Composite Work Unit (MCCU) as it is called in the Army and Composite Work Unit (CWU) as it is known in the Air Force and Navy. The current MCCU does not accurately reflect actual resource utilization and, therefore, is not an effective measure to evaluate health care performance (Coventry, 1984).

Literature Review

In addition to the clearly recognized need for ambulatory morbidity data and epidemiological indicators, the project staff was interested in issues regarding measures of equitably distributing resources. During the initial concept phase and the planning stages of data collection form development, consideration was given to appropriate measurement of ambulatory care. The interest in distribution of resources was shared by Fetter, Averill, Lichtenstein, and Freeman (1984), who recognized the significance of ambulatory medicine in the health care economic sector. The assessment of health care provider productivity and performance was considered to be an integral part of the evaluation. The possibility of a new method of reimbursing for ambulatory care (Lion, Henderson, Malbon, Wiley, and Noble, 1984) using a classification system similar to diagnosis related groups (DRGs) was examined by the project staff. A series of key questions used by Yale

University (Schneider, Lichtenstein, and Fetter, 1986) to develop an Ambulatory Visit Group (AVG) Classification scheme was incorporated into the data collection instrument. The sizable task of classifying large numbers of discrete diagnoses into clusters (Schneeweiss, Rosenblatt, Cherkin, Kirkwood, and Hart, 1983) was performed using 1978/79 National Ambulatory Medical Care Surveys. These clusters represent essentially similar pathophysiologic conditions and are compatible with the International Classification of Diseases (ICD 9-CM) used in the ACDB.

OBJECTIVES OF THE ACDB

As the ambulatory portion of the Tri-Service PMS, the development and implementation of the Army's ambulatory data base was viewed with great interest by a number of organizations including the Armed Forces Epidemiological Board. The study was given additional impetus when a group of attendees at the Tri-Service PMS Conference (Coventry, 1984) concluded that the Army methodology for ambulatory data capture should be continued and pledged support for the project.

Based on the lessons learned from the Redstone study and on input from numerous individuals and organizations both within and outside the Army, the following objectives for the ACDB were established:

1. Develop a decentralized and automated system necessary for an ambulatory data base.
2. Insure that the data base has relevance for clinical practice and research.
3. Evaluate the system's feasibility for continued use and expansion throughout the AMEDD.

Upon finalization of the objectives, steps were undertaken to select

the additional test sites.

METHODOLOGY

Prior to the implementation of the study, numerous tasks required completion. These included site selection, establishment of automatic data processing (ADP) requirements, data collection form development, and hiring and training of support personnel.

Site Selection

As previously noted, during the 1984 HSC Commanders Conference a number of MTF commanders indicated a willingness to expand the ACDB Study to their treatment facilities. From this group, six MTFs were selected. Final selection was determined primarily by four criteria:

1. Funds available for the project.
2. Mission of the MTF in terms of the troop configurations and population served.
3. Location with respect to the study organization (to minimize study expenses).
4. Committed support for the project by the MTF commander.

Based on the selection criteria the following MTFs were recommended by the study group for inclusion in the project and approved by the Commander of HSC and the Office of The Surgeon General (OTSG):

1. Brooke Army Medical Center (BAMC), Fort Sam Houston, Texas
2. Bayne-Jones Army Community Hospital, Fort Polk, Louisiana
3. Womack Army Community Hospital, Fort Bragg, North Carolina
4. Fox Army Community Hospital, Redstone Arsenal, Alabama
5. Blanchfield Army Community Hospital, Fort Campbell, Kentucky
6. Moncrief Army Community Hospital, Fort Jackson, South Carolina

The six facilities selected for the study, with their diverse missions and populations served, constituted a representative sample of AMEDD ambulatory care. For example, BAMC, the medical center chosen for the study, had extensive outpatient clinics which provided the study with a complete array of ambulatory services. Also its close proximity to the study organization reduced travel costs and facilitated program implementation. Fort Jackson's Moncrief Army Community Hospital provided access to a large population of basic trainees, tenant troops, and family members. The three MTFs located at Forts Bragg, Campbell and Polk, gave access to combat division personnel as well as large family member and retired populations. The final MTF included in the study was Fox Army Community Hospital located at Redstone Arsenal. The selection of this facility provided for the continuation and evolution of the initial system while meeting the established selection criteria.

Automatic Data Processing Requirements

Based on the magnitude of the project and the experience gained from the initial Redstone study for ambulatory care data collection (Misener & Gilbert, 1984), study organizers selected optical mark sense technology as being the most appropriate and most cost efficient method of data collection. Essentially, mark sense technology allows for pencil entries (in this case, the various specialty forms and registration forms) to be electronically scanned for data and subsequently entered into a computerized data base.

The acquisition of the mark sense computer equipment proved to be one of the most difficult aspects of the entire study. The sophisticated requirements of developing a contract to meet study requirements presented a complex challenge to the HSC Automation Management Office (Army Regulation 18-1, ADP approval authority) and the Fort Sam Houston Purchasing and

Contracting Office. Nevertheless, the final contract for the equipment was awarded in April of 1985 to National Computer Systems (NCS).

Since one of the key elements of the study was to develop a methodology which would permit decentralization of the data capture and report generation, each of the six study sites was provided with ADP equipment. This equipment allowed each hospital to generate its own unique reports in addition to the standardized reports. It also alleviated the concerns of many involved in the study that a higher headquarters would have the capability of reviewing the data prior to personnel at the collecting hospital.

A responsive mainframe computer support facility was needed to enable large scale storage and analysis of the study data. Several alternatives for mainframe support were explored including the U.S. Army Health Care Systems Support Activity, the Fort Detrick Data Processing Center, and a commercial contractor. The final decision to use Fort Detrick Data Processing Center was based on the center's past performance record coupled with a supportive and technical approach to data management and analysis.

To facilitate the data collection and data transmission process, each of the sites was provided the following leased microcomputer and scanner hardware configurations:

- . An IBM Personal Computer (PC-XT) with 250K bytes of memory
- . A Genicom 3014 Printer (160 cps)
- . An IBM Color (RGB) Monitor
- . An Iomega (Bernoulli Box) removable 10MB cartridge (2)
- . A Case-Rixon PC212a Internal Modem
- . A NCS Optical Mark Reader/Scanner

An AST (Accelerator) Board (Megaplug II) was purchased for each site.

The Iomega 10MB cartridges were used for transmitting data from each site

to Fort Detrick where the main data base was located.

The NCS optical mark readers (scanners) came in several models, each with a graduated throughput speed. For example, the NCS Sentry Scanner Models 7001, 7004, and 7006 could process 900, 1,500, and 2,500 documents per hour respectively. The reader (scanner) for each site was selected based on the projected volume of ambulatory encounters at each MTF.

During August 1986, HCSCIA exercised its option to purchase the leased equipment and instituted two changes in computer hardware. An additional IBM PC-XT was obtained for five of the six MTFs to allow report generation simultaneously with scanner data compilation operations. This enhancement significantly improved report generation capabilities. Additionally, the 10MB Iomega was changed to a 20MB at no cost to the government. A detailed description of automated equipment and software development is contained in a supporting volume entitled Performance Measurement Study, Ambulatory Care Data Base System Documentation Manual. To reduce programming requirements for file maintenance and report generation, an off-the-shelf data base management system (DBMS) was desired. After examining available commercial products and considering recommendations from both military and civilian users, researchers chose the FOCUS DBMS developed by Information Builders. Several factors, including cost and availability, entered into the decision concerning specific DBMS; however, the most important prerequisite was the need for a fourth generation programming language and software which was virtually identical in the microcomputer and mainframe versions. This transparency was desired to allow the study computer operators easier access to the longitudinal data base. Procurement of the mainframe version of FOCUS for the Fort Detrick Data Processing Center was another complex acquisition effort. The mainframe software was purchased and made fully operational in January 1986.

Patient and Provider Registration Forms

The patient and provider registration forms were designed to capture necessary demographic data. The Patient Registration form was to be completed at the patient's first encounter for health care. Prior to the development of the Patient Registration form, consideration had been given to using existing DOD and Army data bases for patient registration. Unfortunately, the study data elements were not identical to those found in the Defense Eligibility Enrollment System (DEERS) or in the Army Standard Installation Division Personnel System (SIDPERS) data bases. Additionally, it was necessary to include in the registration data base civilians eligible for care (occupational health) and individuals with a dual beneficiary status (dependents or retired military who were civilian employees and therefore eligible for care under two categories).

Registration elements included the minimum demographic variables necessary to (1) meet the objectives of the study, and (2) allow the automated capture of Medical Summary 302 Reports (MED 302 Reports) and Uniform Chart of Accounts (UCA) Reports. Two additional non-study related questions were included on the Patient Registration form (Appendix A) to provide a survey of the optional health care resources available to the military beneficiary population.

During the development of the form some practice specialties, particularly the behavioral sciences, expressed concern about the confidential nature of certain patients' diagnoses. The project staff believed that all patients' diagnoses should be treated in a confidential manner; therefore all patient identification was encrypted before leaving each site. This enabled each site to examine its own patient data but not patient data from any other site. Only the principal investigator and the systems analyst knew the

encrypted codes. The ability to restore codes made possible the identification of patients should a need arise. For example, if a new treatment modality were to be discovered, the patients who could benefit from such a treatment could be identified on the mainframe computer at Fort Detrick.

The Provider Registration form was to be completed by all health care personnel authorized to render medical treatment. Enrollment was essential to determine the type of provider (physician, nurse, etc.).

Development of Data Collection Instruments

Patient Encounter Forms.

The Redstone study (Misener and Gilbert, 1984), determined that patient visit forms would have to be clinical specialty specific to fully capture the array of diagnoses and procedures that are represented in the various MTF outpatient clinics. Based on the three forms developed for the Redstone study, 36 specialty forms were developed for the expanded ACDB Study (Appendix B). Additionally, three short forms were developed to capture encounters of a brief or repetitive nature which did not require total clinical or patient information.

The patient encounter forms essentially consisted of four sections. The first portion was completed by the patient and consisted of identifying demographic information. The second part contained administrative information which was to be completed by the clinic receptionist or secretary. The third portion pertained to clinical management of the patient; and the last section contained a menu of clinic or specialty specific diagnoses, problems, or reasons for visit and procedures, services, and evaluations. Both the third and fourth sections required completion by health care providers.

Data elements contained in the first and second sections of the Patient

Encounter form were designed to meet specific data collection needs of the individual clinics and the study. Examples include information necessary to generate reports required by the Medical Summary Reports System (MSRS), i.e. the MED 302 Report and the UCA Reports. The information collected in the third and fourth sections of the form would serve a number of purposes:

(1) provide information for the development of an ambulatory care data base, (2) provide data for quality assurance and peer review, (3) provide information needed to generate special reports requested by clinicians and managers, and (4) allow for comparisons with ambulatory data which are being collected in the civilian community.

The methodology initially used to determine the number of specialty forms required consisted of reviewing the number of ambulatory clinic specialties available at the six test sites as indicated by prescribed UCA codes. Supplemental clinic codes were later developed to capture data for location unique clinical requirements. Additionally, codes were developed to collect data from each battalion aid station. These battalion aid station code extensions were designed so the data could be rolled up into existing primary care UCA codes of the troop medical clinics they served.

Although this methodology resulted in more specialty forms than were initially intended, the positive response by health care providers greatly contributed to enhanced study participation. Incorporating the additional specialty forms into the already complex job of determining which procedures and diagnoses should be listed on the patient encounter forms was a sizable task.

In order to determine the most common diagnoses and procedures performed in each specialty, the study group directed requests to several civilian medical specialty boards for lists of the 100 most common procedures

and diagnoses performed by their members in outpatient settings. Unfortunately, such composite lists were not available. Therefore, the diagnostic and procedural menus were developed for every specialty utilizing a modified Delphi technique (Polit and Hungler, 1983). Sample forms from one civilian practice group were provided to HSC clinical consultants, many of whom were residency teaching chiefs at BAMC. Using the sample forms as the starting point, the teaching/clinical consultants were requested to develop a list of the most common procedures and diagnoses appropriate for each specialty clinic. It was suggested that they think of the list in terms of what they would place on a billing form if they were in private practice. Overall, most health care providers were cooperative in developing the lists. Unfortunately, a great deal of resistance was manifested by some physicians. Several clinics provided "negative" responses to the request indicating that no procedures were done in the clinic; others simply did not respond to the request. In these instances, the expertise of clinically experienced project staff members was used to resolve the problem. For non-physician providers (i.e. social workers, dietitians, physical and occupational therapists, community health nurses, etc.), members of the project staff who understood or were members of those specialties met with providers from BAMC and HSC to develop the list of procedures and diagnoses or reasons for visit.

After the initial lists of procedures and diagnoses were developed, the menus were duplicated and sent to the designated point of contact (POC) at each study site for dissemination to the respective specialty health care providers for review. Providers were requested to comment/respond within 30 days. The responses from the providers varied. Although most responded, some did not appear to appreciate the importance of carefully reviewing the lists nor did they recognize the difficulties inadequate lists would present when

the forms were actually in use. Input received from all sites was reviewed, consolidated, and incorporated into updated procedures and diagnoses lists. These lists were reviewed further by content experts and consultants at BAMC along with health care providers assigned to HCSCIA for final determination of what would appear on the forms. During the difficult process of finalizing the forms, it became apparent that it would be impossible to include all the procedure and diagnosis codes which might be needed by practitioners. To alleviate this problem, space was provided on the clinical side of the encounter form to enable clinicians to enter additional code numbers of diagnoses and procedures which were not listed on their specific forms. Although it required more time and effort, this write-in mechanism allowed diagnoses or procedures from any form to be used. This proved to be extremely useful in those clinics where several forms might be used, or in the instances where a provider was given the incorrect form. For example, at one of the large troop medical clinics, the receptionist would usually initiate a Primary Care form. After obtaining a history and performing an examination, the health care provider might determine that the Obstetrics/Gynecology form would have been more appropriate. Rather than initiating a second form, the provider could enter, in the additional space provided, the more definitive diagnoses and procedure codes from the Obstetrics/Gynecology form.

To simplify the collection process and to maximize health care provider participation, every attempt was made to limit the encounter forms to one page. The front side contained common data elements and the reverse side, the specific "menus" for each specialty. Forms consisting of two pages were required for Orthopedics/Podiatry and Primary Care. The Primary Care form was a consolidation of diagnoses and procedures from the Emergency Room (ER), the Troop Medical Clinic (TMC), the Acute Minor Illness Clinic (AMIC), and the

Battalion Aid Station (BAS). Additionally, some clinics were grouped into pairs and placed onto one form. These included Pain and Physical Medicine, Allergy and Immunization, Nephrology and Endocrinology, and Audiology and Speech Therapy. Traditionally paired services such as Obstetrics and Gynecology, Ophthalmology and Optometry, and Preventive Medicine and Community Health Nursing were also paired on single forms.

During the implementation phase, problems surfaced with the Optometry section of the Ophthalmology/Optometry form, and with the Podiatry section of the Orthopedics/Podiatry forms. Both problems centered around how final decisions were made determining the menus for the forms. Since space on the forms was limited and physicians made the final decisions as to what items should be deleted or condensed, deleted items predominantly came from the Podiatry and Optometry sections. Separate revised forms were later developed for these specialties.

Because of the variety of patients seen, Family Practice visits could not be limited to a single encounter form. The decision was made to provide this service with several different forms (Primary Care, Orthopedics, Pediatrics, Obstetrics, and Gynecology) which might fit their needs. The multiple forms provided family practitioners with very definitive menus but necessitated selection of the most appropriate form by the person at the "front desk." An additional problem for the family practice providers arose in the sequence of presentation of procedures and diagnoses on each menu. Some specialties arranged their menus alphabetically, whereas other services divided the menus by body part into specific anatomical segments and placed the diagnoses in the corresponding segment. Family practitioners found the lack of standardization in presentation of the menus among the forms to be confusing.

Additionally, the ACDB project staff worked very closely with the

Occupational Health (OH) consultants at the U.S. Army Environmental Hygiene Agency. The OH consultants were very interested in testing the capture of information necessary for the Occupational Health Management Information System (OHMIS) which had been under development for several years. A data collection form was designed to capture necessary occupational health information.

Short Forms

Two abbreviated forms were developed to capture encounters of a brief or repetitive nature which did not require total information capture (Appendix C). The first Short Forms were designed to document high volume encounters which varied little in the time required to provide the service from one encounter to the next for the same procedure but which were important to capture in a meaningful workload accounting system. Documentation of several procedures was required for various medical workload reports such as the MED 302. Documentation of others was not required, but some health care providers felt it was important for reflecting additional clinic requirements (Personnel Reliability Program record screens, Exceptional Family Member Program (EFMP) coding, etc.). A variety of specialty clinics used the Short Form.

Abbreviated patient encounters are also recorded in the Immunization Clinic. Since this clinic experiences a high volume of procedure oriented work, it was felt the Short Form could be used by the immunization clinics to capture "injections" as defined in the MED 302 report. When it was necessary to capture specific types of immunizations given, the Allergy/Immunization form could be used. After the first few months of form usage, it became apparent that a Short Form listing all possible standard immunizations was preferable. A list of standard immunizations that might be given in any

immunization setting during the study (immunization clinic, troop medical clinic, pediatric clinic, etc.) was later developed. The form was printed and distributed to the test sites in the second quarter of the fiscal year as an Immunization Short Form.

Repeat Procedure Form

The Repeat Procedure form (Appendix D) was developed for clinical specialties such as allergy, physical therapy, and occupational therapy. These clinics render repetitive procedures for the same patient and diagnosis. This form was originally intended for use by those clinics listed at the top of the form; however, during the implementation site visits, other clinics demonstrated a need for the form and were given permission to use it. The Repeat Procedure form was used widely by all study locations.

Study Implementation

Concurrent with the complex issues of design of mark sense forms, acquisition of optical scanning equipment and FOCUS software, detailed planning was also required in the hiring of study site personnel. To facilitate the hiring process at the six test sites, a computer clerk/assistant job description was developed by the study staff, and forwarded to each supporting site Civilian Personnel Office. Initially, one temporary employee was to be hired by the local ACDB POC for the project. Upon completion of the hiring process a 1-week orientation program for the computer clerks and their supervisors was conducted in San Antonio during April 1985.

At this conference all attendees were provided information on study procedures and implementation plans. Additionally, training was conducted using both the hardware and software that would be available at each site. Coupled with this training was a detailed workshop on the FOCUS programming

language.

In order to facilitate the rapid dissemination of project information, all study personnel obtained an account with the Operation Management System (OPTIMIS) electronic mail utility sponsored by the Department of Defense. This system proved to be extremely beneficial not only in terms of the dissemination of information but also in providing and receiving study status reports and serving as an informal network for sharing information among site personnel. To assist site personnel, staff from HCSCIA visited each of the six test locations to become familiar with the physical layout, coordinate and plan for comprehensive staff orientations, and brief the hospital commander on the study requirements and potential benefits. Additionally, during these visits the clinical staff was shown an 8-minute project video tape which featured the Commanding General of U.S Army Health Services Command, who stressed the importance of the study effort and his expectations of the study participants.

Individual Site Implementation

Following the initial site visit to the MTF Commanders, a comprehensive study plan was developed. This plan included two 1-week training programs at each site. The first training program was designed to implement patient and health care provider registration and the second training program addressed procedures involved with the Patient Encounter forms. The training of all site personnel was conducted by medical personnel assigned to HCSCIA. The use of medical personnel allowed for a more collegial atmosphere, thus allowing the health care providers participating in the data collection process the opportunity to express their concerns about the requirement to complete another administrative form.

During the first training program, the major focus was on the completion

of the Patient Registration forms. To accomplish the patient registration process in a manner that would minimize patient confusion, a specific plan was developed for each category of eligible beneficiary. Central to this plan was the decision to collect all pertinent demographic information during the first patient encounter (visit) to the MTF. To avoid duplication of registration efforts and to ensure that appropriate patient registration data had been obtained, individual patient records were tagged after completion of the registration form. The registration process for active duty soldiers, particularly at the Fort Jackson Basic Training Center, was very challenging even though a list of all valid Unit Identification Codes for active duty personnel was provided to each clinic. The frequent arrival and departure patterns of newly inducted soldiers made use of the Patient Registration form difficult at best. To remedy this problem, the SIDPERS data base was again reviewed, and a procedure was subsequently developed to transform and extract the required data elements from SIDPERS.

Initially, registration for family members and retirees was accomplished primarily from the Patient Registration form. Unfortunately, this process was not performed by all participating medical clinics. Frequently, these clinics assumed incorrectly that patients had already been registered. To remedy this shortcoming, use of the DEERS data base was considered to be a viable alternative. Although the demographic information contained in the DEERS data base differed slightly from the variables on the Patient Registration form, a computer mapping (conversion) system was developed to extract pertinent requirements.

Approximately 1 month after implementation of the registration support system, a second orientation visit was made to each study site. Various briefings, clinic workshops, and health care provider training sessions were

employed to familiarize MTF personnel with the use of the Patient Encounter form and the health care Provider Registration forms. Detailed explanations of each study variable were presented to as many personnel as possible in a 1-week period. All hospital shifts, locations, and departments were contacted.

Following the instruction sessions, written instructions regarding the data collection process were provided to each clinical service for further review and future reference. Wall charts and posters were developed to assist patients in the completion of their portion of the encounter form. This was particularly helpful in crowded clinics when receptionist personnel did not always have the opportunity to complete the patient demographic information for the patient. Additionally, copies of the ICD-9-CM and CPT-4 code books were provided to each clinic.

During December 1985, a second conference of project staff and study site computer and supervisory staff was hosted in San Antonio. This meeting was arranged to assess the current status of study implementation, discuss policy issues, resolve problem areas, and provide some advanced training in the FOCUS programming language. Prior to attending the meeting, study site personnel gathered suggestions and pertinent comments from their respective study participants. Several clinicians provided very timely and comprehensive suggestions regarding the process of expanding the number and scope of diagnoses and procedures which would more accurately represent their respective clinics.

Follow-up visits were conducted after the December training meeting. As each study location became more familiar with the data collection effort and the corresponding clinical reports available, many clinics and their respective personnel provided positive comments and constructive suggestions regarding the study. The availability of clinical and managerial reports

regarding individual clinics and health care providers was the basis for much positive feedback. Correspondingly, various pockets of active dissent were present. Primary complaints concerned both the amount of time necessary to complete the "bubble/mark sense form" and the lack of sufficient clerical support to administer this requirement within the clinical setting. These two items will be addressed further in the section entitled Issues Impacting the Study.

The selection of NCS to design and supply data collection forms and to provide the required leased equipment was a resounding success. NCS was highly efficient and responsive during the entire implementation process. The firm met all timetables for delivery and service and voluntarily avoided delivery of equipment when slippages in project administration occurred. This practice avoided any lease charges which would have accrued despite the inability to use the costly study equipment. One additional, significant feature of NCS was their policy not to subcontract for equipment maintenance. Vendor technical support personnel were very responsive to equipment uncrating and installation requests from the project team. Subsequently, scheduled and unscheduled maintenance support was administered in a highly professional and responsive manner.

ACDB Reports Capability

During the Redstone study, the ability to generate administratively and clinically useful reports from the data collected proved to be essential to the quality of data collected. Based on these experiences, the project staff designed a very basic set of standardized reports to be used by health care providers and managers for further development at each study site. These reports were programmed with a menu selection available to assist the study site computer personnel. Appendix E includes a listing of these reports along

with a brief sample of each. These initial reports were designed only to serve as a first level demonstration of the potential applications available.

The FOCUS software employed for the study had an interactive report generation routine, TABLETALK, which allowed the local study site computer operator to respond to ad hoc requests. Several sites were able to meet most local requirements. Advanced and complex needs were passed through the project office to the study systems analyst at Fort Detrick.

Since the data base was dependent on health care provider input, it was recognized early in the study that timely feedback was essential. After completion of the rather lengthy process of optically scanning up to 140,000 clinic forms and correcting any errors, monthly provider-oriented reports had the highest priority. Reports generating positive reactions from providers included listings of diagnoses used and procedures performed during the preceding month by clinic and/or individual provider. Several clinics used the information provided to adjust their clinic appointment routine. Some dissatisfaction was encountered at all study site locations when monthly reports did not match the expectations of individual providers. Occasionally, administrative failure within a clinic or the ACDB computer office was responsible for inaccurate reporting. Most difficulties concerned pencil entries that were either omitted or rejected by the scanning process. Many incorrect entries could be corrected by the computer operators. Those that could not be corrected were returned to the clinic. Correction difficulties will be discussed further in the section entitled Issues Impacting the Study.

Revised Data Collection Instrument

During the period January through December 1986, a significant number of suggestions regarding improvement of the data collection instrument were

received and evaluated in great detail. A comprehensive redesign project was accomplished during January - April 1987. In addition to the augmentation of additional diagnoses and procedures available for selection, several major changes were introduced in May 1987 through a completely revised set of encounter forms (Appendix F). Without question, the most notable change was the elimination of a number of previously required administrative entries. This reduction in mandatory participant responses (primarily in demographics and clinic designations) was instrumental to an increased level of health care provider participation. The use of a number of prescribed/default entries, programmed for scanner interpretation prior to use, was a major enhancement and form utilization increased at all study locations by 15 percent.

For purposes of the study, forms that were used to collect data during the period January 1986 through April 1987, are referred to as original forms. Those used after this time, May through September 1987, are referred to as revised forms.

RELIABILITY OF THE ACDB DATA

Development of the Scoring Instrument

Throughout the study, a number of visits were made to the various sites to informally review the quality of data from the patient encounter forms, or "bubble" forms as they were called by study personnel. As a result of these visits, plans for a more detailed and formalized review were developed.

In order to insure the most accurate and objective assessment of the quality of the data collected, a standardized scoring instrument was needed. The instrument was designed so that the following criteria would be met:

1. There would be identification of the most important data elements on the Patient Encounter form.
2. Verification of data elements to be scored on the Patient Encounter

form must be a part of the supporting medical or clinical record.

3. Employment of a level of measurement that would allow means and standard deviations to be calculated for the data would be necessary.

4. Applicability for use with both the original and revised Patient Encounter forms was a necessity.

5. Facility of use was desirable.

To insure that the most critical items on the Patient Encounter form were included in the scoring instrument, the study group employed a modified Delphi technique (Polit and Hungler, 1983). More specifically, all the data elements that were included in either the original or revised patient encounter forms were reviewed. During the review these data elements were classified in one of two categories, administrative or clinical. Each of the elements was then discussed, rank ordered, and assigned a relative value in terms of importance to the study. Using this weighting process, members of the study group selected three administrative and two clinical data elements. The data elements which represented the administrative area included the sponsor's social security number and the patient's family member prefix (FMP), the date of the patient encounter/visit and the UCA clinic code. The clinical items consisted of the primary diagnosis and the health care provider identification code (the first initial of the provider's last name and the last four digits of the social security number). A copy of the scoring instrument with relative weights for each element is contained in Appendix G.

Pilot Study

Prior to embarking on the full scale reliability project, a pilot study was conducted at BAMC, Fort Sam Houston, Texas. BAMC was selected as the pilot project study site because it is co-located with the study group. The major objectives of the pilot project were to (1) evaluate the reliability and

appropriateness of the scoring instrument, (2) determine the most appropriate methodology for securing the supporting medical records, and (3) develop practical estimates of the amount of time, personnel, and associated costs needed to conduct the full-scale reliability project.

In order to complete the pilot project expeditiously, the study group chose the following eight clinics:

1. Dermatology
2. Emergency Room
3. Gynecology
4. Internal Medicine
5. Ophthalmology
6. Orthopedics
7. Pediatrics
8. Troop Medical

The primary considerations given by the study group for selection of the clinics in the pilot project were (1) availability of the clinical specialty at each of the study sites, (2) manageability of the number of clinics selected, (3) diversity of clinic type so that no medical specialty was overly represented in the pilot project (i.e., not all medical specialties, surgical specialties, or primary medicine clinics).

Following the selection of the clinics, the study group discussed the number of records (sample size) to review for each specialty. Since a sample size of less than 30 is not considered large enough to accurately represent a sampling distribution (Downie & Heath 1974), a sample size of at least 30 was selected.

To insure that 30 records could be found, random lists containing at least 200 patient encounters were generated for each clinic using a

random numbers routine in FOCUS. The rationale for generating such large lists was to increase the probability that patients' medical records would be available and filed in the outpatient medical record room. Additionally, these large lists would accommodate the possibility that a patient's record would have been pulled for an outpatient appointment or that the patient had been reassigned to another military installation.

Two types of random lists were generated. The first list was designed for the study group, the second for records room personnel. The study group's random list contained the following information: patient identification code, FMP, clinic UCA code, date of visit, health care provider identification code, clinic name, diagnoses codes (place for two) with written descriptions of the diagnoses, and procedure codes (if performed) with a written description of the procedures. The random list designed for records room personnel contained the patient's social security number, FMP, clinic UCA code, and the visit date.

Procedure for Obtaining Medical Records

In order to minimize the disruption of duties in the BAMC medical records room, arrangements were made through the Patient Administration Division (PAD) to have the medical records provided to the study personnel during the evening hours. This arrangement proved to be most satisfactory for all personnel involved. On receipt of the medical records, study personnel reviewed and scored the identified entries and immediately returned the records to the records room. Since the medical records room personnel knew which records were being reviewed by study personnel, medical records could be easily retrieved and provided to patients, if needed.

Results of the Pilot Study

During the pilot study, 347 patient encounters were reviewed for the eight clinics selected. The expanded level of encounters was considerably higher than initially planned. Two factors contributed to this increase. Some records contained multiple patient entries, and all medical records provided to the study team were reviewed. Furthermore, the addition of these records enabled the study group to conduct a more thorough evaluation of both the scoring instrument and the records review process.

An analysis of the pilot study data revealed that the BAMC clinics obtained a mean score of 10.62 (11 was the maximum score) with a standard deviation of 1.14 and a score range of 5-11. These results substantiated the reliability of the scoring instrument, and the practical experience gained supported the feasibility of a full-scale reliability project. For a more detailed review of the analysis of the pilot data see Appendix H.

Results of the Total Reliability Study

In a 5-month period following the completion of the BAMC Pilot Study, on-site medical record audits were performed at all six study site locations. The same detailed procedures outlined in the pilot study were used to generate random lists of medical records. A total of 9,015 patient encounters were reviewed in detail and appropriately scored. Analysis of the data indicated a mean score of 10.56 with a standard deviation of 1.27 and a range of 1-11. For further review, see Appendix I.

Data Verification

A comprehensive edit and data verification process was employed with each of the patient encounters. The NCS Optical Scanner was programmed to reject patient encounter forms that did not meet prescribed edit criteria. Despite

this edit routine, the potential for equipment and/or human error existed. Following the end of data collection on both the original and revised Patient Encounter forms, there was a detailed review process to manually clarify over 3,000 clinic entries, 100,000 diagnosis selections, and 10,000 procedure codes. The majority of these adjustments were required as a result of inadvertent pencil marks or soiled areas on the data collection form. Additionally, some health care providers had selected optional "write-in" codes which were not always correctly indexed in the data base file structure. Appropriate clinical consultation was obtained regarding questionable entries. This process took over 5 months to complete.

HEALTH CARE PROVIDER SURVEY

Throughout the project, health care providers were informally asked by many different individuals to comment on the ACDB project. In order to structure the inputs of the many providers who worked on the project, the study team embarked on a project designed to systematically quantify those inputs (i.e, perception of data, etc.). A provider survey consisting of five sections was designed. The first section consisted of identifying information. The second section contained questions regarding the use of the original patient encounter forms. The next section addressed the use of the revised patient encounter forms. The fourth section was designed for individuals who completed both the original and revised forms. The final section directed questions specifically to clinic chiefs. The questions in this section were designed to solicit information on the types of reports the various chiefs received at their individual sites, the usefulness of the information, and their ideas for provider compliance should the project proliferate. A copy of the health care provider survey is contained in Appendix J.

All participating health care providers assigned to the six test sites at the time of the survey were requested to complete the survey questionnaire. A total of 491 surveys were returned to the study group. A complete analysis of the providers' comments is contained in a separate health care provider survey report (in press).

STUDY RESULTS

The first objective of the ACDB study was to develop a decentralized and automated system for the collection of ambulatory data. This was accomplished through the use of mark sense patient visit forms. By employing this technology during the data collection phase of the study, over 3.1 million patient encounter (visits) were collected from 792,000 patients in over 70 clinical specialties from the six study hospitals. Apperdix K provides a classification of these into fourteen categories as prescribed by the Assistant Secretary for Defense (Health Affairs) in Department of Defense (DOD) Regulation 6010.13-M. During the January 1986 through September 1987 data collection phase of the study, more than 4,000 health care providers (including physicians, nurses, physician assistants, dietitians, social workers, physical and occupational therapists, optometrists, audiologists, podiatrists, enlisted medical personnel, and other health care providers) participated in the study. Appendix L provides additional information concerning the number of registered health care providers who participated in the study. Finally since all the hospitals in the study were capable of accessing their own data, the integrity of a decentralized system was maintained.

The second objective of the study was to insure that the data had relevance for clinical practice and research. Many of the variables chosen for data collection were selected with this objective in mind. For example, a

number of researchers such as Schneeweiss and Hart (1988) have studied the relationship between the patient's mean age, mean encounter (visit) time and diagnosis as variables that are the most likely to influence resource utilization. These variables and 40 additional ones were developed for the ambulatory care data base. Among these were primary diagnosis, secondary diagnosis, procedures, and number of prescriptions. In this study, primary diagnosis refers to the presenting problem and not to the most resource intensive diagnosis as in Yale University's (1982) Ambulatory Visit Groups. Twenty-one demographic variables were developed to support the clinical data. These demographic variables covered two main areas: those concerning patients and health care providers. Examples of the patient demographic variables include rank, race, patient's date of birth, and gender. Some of the health care provider variables consist of provider identification number, rank or pay grade, and staff position. Separate listings of all patient and provider demographic variables are contained in Appendices M and N with a description of each variable.

Another factor contributing to the relevance of the data base for clinical practice and research was the design of clinically specific patient encounter (visit) forms. Through the analysis of the data contained in these forms, the ACDB can contribute to improvements in clinical practice, epidemiological research, and resource utilization. Examples of how the ACDB data can be used with respect to clinical practice are the use of baseline data for quality assurance evaluations, credentialing, supervision and determination of type of treatment provided to a category of patients by provider type. Other possibilities for clinical use include documenting the type of patient treated by interns and residents, to insure that a variety of patients are seen by each. Epidemiological uses include determining the incidence, prevalence, morbidity and mortality rates of various diseases. Additionally, by combining the clinical and demographic variables, a number of

different resource utilization models can be developed similar to the New York State Products of Ambulatory Care model (Tenan et al., 1988).

The third and final objective of the study was to evaluate the system's feasibility for continued use and expansion of the system throughout the AMEDD. While the ambulatory data base study clearly demonstrated that mark sense technology is a viable method for clinical data capture, no formal action was initiated to objectively assess the impact of such a system on the AMEDD.

DISCUSSION

The participation of over 4,000 registered health care providers during the 21 months of the ACDB study has demonstrated that mark sense optical technology is a viable method for clinical data capture. (See Appendix O for list of participating physicians by clinical specialty.) In the absence of a total Hospital Information System, this technology has performed in an efficient and cost effective manner. Current initiatives now underway at the Department of Defense level address the need for such a hospital system through development of the Composite Health Care System (CHCS). Experience gained from the ACDB study can provide valuable clinical data regarding planned ambulatory data modules.

During the early months of the project, many participants offered suggestions for improved data collection. One of the most significant observations concerned the lack of data regarding the medical readiness of soldiers. This suggestion ultimately led to the development of an Individual Medical Readiness form which was initiated during routine medical processing. Of even greater importance was the opportunity to use this form during Some testing of the form was done on a limited basis at Fort Campbell. This adaptation is an area requiring further research and testing.

Ambulatory Care Classification

The time associated with the development and management of the diagnosis and procedure rubrics cannot be overstated. The importance of capturing actual patient encounters in over 70 clinical specialties from the health care provider perspective was of paramount importance. To accomplish this, thousands of ICD9-CM and CPT-4 code extenders were developed clinic by clinic to insure that an accurate representation of the patient encounter was documented. However, the expansion of ICD9-CM and CPT-4 classification systems was not unique to this study. For example, Greenlick et al. (1968) designed a disease classification system using data from the Oregon region of the Kaiser Foundation Health Plan to facilitate the analysis of ambulatory care data. They expanded the original 17 broad ICD9-CM classes to 33 more specific categories. Other researchers who modified existing systems are contained in Fetter et al. (1984). Unfortunately, many of these expanded systems do not easily convert to ICD9-CM and/or CPT-4. This is not the case with the ACDB ICD9-CM and CPT code extenders which can be converted back to the original code. For example the diagnosis of Astigmatism in the ICD9-CM classification system is coded as 367.2 with code 367.20 as Astigmatism, Unspecified, code 367.21 as Regular Astigmatism, and code 367.22 as Irregular Astigmatism. There are no other codes in this category. In order to allow health care providers the opportunity to document a more specific diagnosis, the following code extenders were developed. Code number 367.23 is Hyperopic Astigmatism, code 367.24 is Mixed Astigmatism, and code 367.25 is Myopic Astigmatism. By using the ICD9-CM four-digit code, each of the extended codes could be easily converted back to code number 367.2 which would be Astigmatism. Through this methodology, the integrity of the ICD9-CM system is maintained while allowing health care providers a wider menu selection from which to choose. Additionally, this type of information can be used to provide accurate epidemiological data; combined with the other study

variables, it could have a great impact on the development of ambulatory classification systems.

The same methodology that was employed with the ICD9-CM was also utilized to extend the procedure codes in CPT-4; therefore, they can be converted back to the original code. For example, procedure code 64450 indicates a procedure involving "Other peripheral nerve or branch (nerve block)." This original code was extended to include code 64451 Post Tibular Nerve Block, code 64452 Ankle Nerve Block, 64453 Wrist Nerve Block, and 64454 Digital Nerve Block.

Throughout the project the research staff was interested in the potential health care applications of ambulatory medicine classification systems. Central to the development of outpatient groupings were the categories of health care providers rendering the patient encounters (visits). The initial work in this area was conducted at Yale University by Schneider et al., (1985) and focused solely on physician outpatient visits. While physician ambulatory care is vital, a number of individuals both in the military and civilian community such as Fetter et al., (1984) felt it important to understand and evaluate the role of various "physician extenders" in health care delivery. A basic understanding of this role was gained when a preliminary analysis of the ACDB data indicated that approximately 33% of the ambulatory encounters (visits) resulted in the patient being seen by a physician. Clearly, in the military health care system, physicians are not the sole support of ambulatory care. Appendix P contains a comparison of patient encounters (visits) by all categories of military health care providers.

ISSUES IMPACTING THE STUDY

Management of Non-Responses

A frequently cited problem area affecting the collection of data concerned omissions. In many cases, receptionist personnel within a clinic

would assist the patient in completing the required administrative and demographic information. Health care providers were asked to complete responses on diagnoses, procedures, and time associated with the patient encounter. Frequently, providers would neglect to enter a required field in diagnosis or time. This omission would be discovered during the form scanning process because of a designed reject/edit routine. Study computer personnel were not in a position to correct the oversight and thus returned the form to the respective clinic for resolution. Many times providers responded that with their busy case loads they did not have the time nor support staff to research the encounter and selected the No Problem Noted option. This Reason For Visit had been designated to account for illnesses or injuries which had resolved themselves or to indicate that there was no discernible illness/injury present. Unfortunately, this problem was not recognized until several months of data were recorded. To remedy this omission problem, a code of 000 was added for use by computer scanning personnel to designate that no diagnosis was recorded by the provider after correction procedures failed.

Personnel Problems

One of the greatest difficulties encountered during the administration of the entire study, especially in the stages of implementation, surrounded the turnover of programmers employed for the project. The departure of two programmers during the first year of the study resulted in the loss of valuable time and in additional expenses being incurred by the use of contract personnel from the FOCUS vendor. This situation also created some difficulties in response to special report requirements at the study site locations during the first few months of implementation. Lack of comparable salaries between the federal and civilian sectors, as well as the temporary nature of the study contributed to this personnel dilemma.

Another difficulty in the personnel area occurred with the classification of the computer clerk/assistants hired at each site. Project staff members recommended the rating of a General Schedule (GS)-7/9 level for this important liaison position which required computer skills, interpersonal skills for interacting with health care providers, and the ability to work independently a great deal of the time. However, a rating of GS-4 was decided by the Army Civilian Personnel Office. This resulted in the loss at some sites of important service-related activities being performed which could have impacted on health care provider compliance.

The last personnel issue involved lack of clinical clerical support to assist in the completion of patient encounter forms within the clinics. This problem was observed firsthand during site visits by ACDB study personnel and was substantiated by the health care provider survey in which a large number of providers commented regarding the matter. This is an area that would require some attention should a similar study be considered. Since money to hire additional personnel is usually very scarce, an alternative to hiring additional clerks might be the intensive retraining of existing lower grade personnel. Periodic orientations for new secretaries and clinic clerks regarding the importance of their role in the data collection process followed by training and problem-solving sessions could have a very positive impact on provider participation and the quality of data collected.

Registration of Patients and Care Providers

The ability to link an episode of care to the demographics of the patient was an important issue in the development of the test project. Additionally, information regarding the type of clinician administering the care was vital. Planned registration of both patients and health care providers was to be accomplished by means of a separate registration form to be completed at each clinic in a study site. Unfortunately, the registration of patients was

every clinic's responsibility. Correspondingly, many patients never completed a registration form. The process previously mentioned regarding the use of SIDPERS and DEERS was a valuable alternative. At the present time, 756,640 patient encounters do not have completed patient registrations associated with them. Further efforts to reduce the number of unregistered patients will be explored later this year. (The 756,640 patient encounters are distributed against 318,299 actual patients.) Figure Q-1 in Appendix Q depicts patient encounters with supporting patient registrations.

The process for registration of health care providers was also accomplished with the use of a form. Administrative control of this process was better at some locations than others. Directions from the project office could have been better defined in terms of what procedures should be performed if providers were not registered. At the present time, 374,844 patient encounters do not have health care provider registration data available to support provider demographic profiles. Current initiatives are in progress to link many of these encounters with the appropriate health care providers. Figure Q-2 provides the number of patient encounters with appropriate provider registrations.

Total patient encounters with supporting demographic information (registration) for both patients and health care providers is furnished in Figure Q-3.

Limited Project Office Staffing

The design of optical scanner forms, leasing of equipment, system development, classification of diagnoses and procedures, and overall project management of this large scale effort was accomplished with a very small staff. All aspects of this effort were performed by a group of five military medical department officers, two administrative personnel, and initially seven civilian computer assistants. As noted, the requirements for design,

training, development, and financial control were all performed by this core group. In retrospect, a smaller scale study effort would have been more prudent, particularly when all available time was devoted to system operational issues without carefully designed plans for periodic review of data. Although data verification efforts have clarified thousands of patient encounters, delays in detailed reviews of collected data were commonplace. A smaller selection of test sites coupled with a rigorous system of detailed data reviews would have provided better feedback to site study administrators.

NO PROBLEM NOTED Entries

During the data collection phase of January 1986 through April 1987, a diagnosis option of No Problem Noted was available to all health care providers involved in the patient encounter process. This No Problem Noted code (V655) was an ICD9-CM condition indicating that the provider felt the problem was "normal state" or "feared condition was not demonstrated." It was believed that certain occurrences of injury or illness would not be supportable and thus this V655 code would be a viable option for study participants. Selection of this code was also anticipated for resolution of injuries and/or illness on follow-up visits to a clinic. Unfortunately, the detailed explanation of this code option was not clearly understood by all study participants particularly in health maintenance/wellness type visits. Several months into the study, it became clear that some providers were using V655 (in addition to the intended reasons) as a catchall category when they could not locate the correct diagnosis/reason for visit on the form. Other providers used NO PROBLEM NOTED as an easy alternative to searching the form for a more meaningful selection. Total patient encounters citing V655 are 176,963 or 8.7% of the data base. Careful review of this selection will be required.

CONCLUSIONS

The first objective of the study, the development of a decentralized and automated system for an ambulatory data base, was successfully accomplished. Optical scanner technology for data collection was used effectively for a 21-month period. Although it was a somewhat cumbersome method, it appeared to be the best choice considering all the limitations of resources and time.

The second objective was to insure that the data base had relevance for clinical practice and research. Many of the variables chosen for data collection were selected with this objective in mind. Future plans include using this collected information to identify clinical practice patterns and epidemiological patterns.

The final objective dealt with evaluation of the system for further use and expansion throughout the AMEDD. Before the system could be used over an extended period of time, further evaluation would need to be done. One of the major complaints that providers had was that the system was too time consuming. Many expressed the need for additional clerical support to assist with the administrative information on the forms. Cost of additional personnel would have to be weighed against installation of a more automated system.

Another problem which arose from mark sense technology was the rejection of forms by the scanner for omissions of required entries or inclusion of stray pencil marks. With additional clerical personnel, a more careful check of completed forms might be possible. This, in turn, could lower the number of errors in this area.

On completion of this report, the following additional volumes are planned:

1. Data Reliability by Location and Clinical Specialty.
2. Analysis of Study Participant Questionnaires
3. Analysis of Data by Clinical Specialty

The analysis of the ambulatory data base by clinical specialty will represent a great opportunity to contribute to the Department of Defense health care system. Exploration of current ambulatory classification schemes combined with our detailed reviews of individual clinic and health care provider practice patterns represents a great challenge. The imminent adoption of a prospective payment system for ambulatory care provides a tremendous incentive to pursue our efforts. Utilization of our patient encounters and supporting demographics may be very useful in estimating categories of capitation resourcing and in developing a system of weighted output for ambulatory care. The Ambulatory Care Data Base will provide a unique opportunity to evaluate military health care profiles and establish preliminary proposals for ambulatory care classification.

REFERENCES

- Annual Health of the Army Report, 1988. Department of the Army, Office of The Surgeon General, Patient Administration Division. Fort Sam Houston, TX: Patient Administration Systems and Biostatistics Activity.
- Arnett, R.H., III, McKusick, D.R., Sonnefeld, S.T., & Cowell, C.S. (1986). Projections of health care spending to 1990. Health Care Financing Review, 7, 1-36.
- Coventry, J.A. (Ed.) (1984). Proceedings, Tri-Service Performance Measurement Conference (Report No. 84-002). Fort Sam Houston, TX: U.S. Army Health Care Studies and Clinical Investigation Activity. (NTIS: ADA149511)
- Downie, N.M. & Heath, R.W. (1974). Basic Statistical Methods (4th ed.). New York: Harper & Row.
- Fetter, R.B., Averill, R.F., Lichtenstein, J.L., & Freeman, J.L. (1984). Ambulatory visit groups: A framework for measuring productivity in ambulatory care. Health Services Research, 19(4), 415-437.
- Greenlick, M.R., Hurtado, A.V., Pope, C.R., Saward, E.W., & Yoskioka, S.S. (1968). Determinants of medical care utilization. Health Services Research, 3, 296-315.
- Lion, J., Henderson, M.G., Malbon, A., Wiley, M.M., & Noble, J. (1984). Ambulatory visit groups: A prospective payment system for outpatient care. Journal of Ambulatory Care Management, 11, 30-45.
- Misener, T.R., & Gilbert, P.M. (1984). Ambulatory Care Data Base (Report No. 83-009). Fort Sam Houston, TX: U.S. Army Health Care Studies and Clinical Investigation Activity. (NTIS: ADA144838)
- Optenberg, S.A., Chief Financial Analyst, Tri-Service Performance Measurement Study, personal communication, April 1988, Fort Sam Houston, TX 78234.
- Polit, D.F. & Hungler, B.P. (1983). Nursing Research, Principles and Methods (3rd ed.). Philadelphia: J.B. Lippincott Company.
- Schneeweiss, R., Rosenblatt, R.A., Cherkin, D.C., Kirkwood, C.R., & Hart, G. (1983). Diagnosis clusters: a new tool for analyzing the content of ambulatory medical care. Medical Care, 21, 105-122.
- Schneider, K.C., Lichtenstein, J.L., Fetter, R.B., Freeman, J.L., and Newbold, R.C. (1986). The New ICD-9-CM Ambulatory Visit Groups Classification Scheme: Definitions Manual. New Haven (1986): Yale University.
- Tenan, P.M., Fillmore, H.H., Caress, B., Kelly, W.P., Nelson, H., Graziano, D., Johnson, S.C. (1988). PACs: Classifying ambulatory care patients and services for clinical and financial management. Journal of Ambulatory Care Management, 11(3), 36-53.

REFERENCES (Continued)

Yale University, School of Organization and Management, Health Systems Management Group. (1982). The new ICD-9-CM diagnosis related groups classification scheme (Definitions Manual). New Haven, CT: Author.

GLOSSARY

ACDB	Ambulatory Care Data Base
ADP	Automatic data processing
ADAPCP	Army Drug & Alcohol Prevention & Control Program
AMEDD	Army Medical Department
BAMC	Brooke Army Medical Center
BAS	Battalion Aid Station
CPT	Physicians Current Procedural Terminology
DEERS	Defense Eligibility Enrollment System
DOD	Department of Defense
DBMS	Database Management System
EFMP	Exceptional Family Member Program
ER	Emergency Room
FAP	Family Advocacy Program
FMP	Family Member Prefix
GS	General Schedule
HCSCIA	U.S. Army Health Care Studies & Clinical Investigation Activity
HSC	U.S. Army Health Services Command
ICD	International Code of Diseases
ID	Identification
MB	Megabyte
MCCU	Medical Care Composite Work Unit
MOS	Military Occupational Specialty
MTF	Medical Treatment Facility
NCS	National Computer Systems
OH	Occupational Health
OTSG	Office of The Surgeon General
PC-Xt	Personal Computer
PMS	Performance Measurement Study
POC	Point of Contact
SIDPERS	Standard Installation Division Personnel System
SSI	Specialty Skill Identifier
TMC	Troop Medical Clinic
UCA	Uniform Chart of Accounts

DISTRIBUTION:

Deputy Under Secretary (Operations Research), Department of the Army, ATTN:
Mr. Walter Hollis, The Pentagon, Rm 2E660, Wash DC 20310-0200 (1)
Army Study Program Management Office, ATTN: DACS-DMO/Mrs. Joann Langston, The
Pentagon, Rm 3C567, WASH DC 20310-0200 (1)
Deputy Assistant Secretary of Defense (Medical Resources Management), Rm
3E336, The Pentagon, WASH DC 20310-2300 (5)
Resource Analysis & Management System, ATTN: OASD-HA/MAJ S. Baker, 3 Skyline
Place, Suite 1507, 5201 Leesburg Pike, Falls Church, VA 22041-3203 (2)
HQ HSC (HSCL-A), Fort Sam Houston, TX 78234-6000 (2)
Dir, The Army Library, ATTN: ANR-AL-RS (Army Studies), Rm 1A518, The
Pentagon, WASH DC 20310-2300 (1)
Administrator, Defense Logistics Agency, DTIC, ATTN: DTIC-DDAB, Cameron
Station, Alexandria, VA 22304-6145 (2)
Defense Logistics Studies Information Exchange, ALMC, ATTN: Mrs. Alter, Ft
Lee, VA 23801-6043 (1)
Dir, Joint Medical Library, DASG-AAFJML, Offices of The Surgeons General,
Army/Air Force, Rm 670, 5109 Leesburg Pike, Falls Church, VA 22041-3258
HQDA (DASG-HCD-D), 5109 Leesburg Pike, Falls Church, VA 22041-3258 (2)
HQDA (DASG-RMP), 5109 Leesburg Pike, Falls Church, VA 22041-3258 (2)
HQDA (DASG-RMB), 5109 Leesburg Pike, Falls Church, VA 22041-3258 (2)
HQDA (DASG-PSA), 5109 Leesburg Pike, Falls Church, VA 22041-3258 (2)
Medical Library, BAMC, Reid Hall, Bldg 1001, Fort Sam Houston, TX 78234-6200
(1)
Stimson Library, AHS, Bldg. 2840, Fort Sam Houston, TX 78234-6100 (1)

PATIENT AND HEALTH CARE PROVIDER REGISTRATION FORMS

APPENDIX A

OUTPATIENT REGISTRATION FORM

WELCOME!



The Army has started a system to automatically count patient visits and services. Please assist us by completing this form carefully - A SEPARATE FORM WILL BE FILLED OUT FOR EACH ELIGIBLE FAMILY MEMBER THE FIRST TIME THEY COME IN FOR TREATMENT. Use #2 pencil only and fill bubbles completely. Please write in both the appropriate number or letter and fill in the corresponding bubble (as shown in example below). The machine that reads this form only reads the bubbles. However, it is possible to make an error in marking bubbles. If this happens we can cross check and make corrections from your written entries. Carefully look at the example and then follow the arrows to each block and fill out both sides of the form completely.



EXAMPLE

WRITE →

If the date is Feb 2, 1985, fill in the box as illustrated →

BUBBLE →

DATE		
DAY	MONTH	YEAR
02	Feb	85
1	Jan	8
2	Feb	9
3	Mar	0
4	Apr	1
5	May	2
6	Jun	3
7	Jul	4
8	Aug	5
9	Sep	6
0	Oct	7
1	Nov	8
2	Dec	9

TODAY'S DATE

DAY	MONTH	YEAR
1	Jan	1
2	Feb	2
3	Mar	3
4	Apr	4
5	May	5
6	Jun	6
7	Jul	7
8	Aug	8
9	Sep	9
0	Oct	0
1	Nov	1
2	Dec	2

PATIENT'S BIRTHDATE

DAY	MONTH	YEAR
1	Jan	1
2	Feb	2
3	Mar	3
4	Apr	4
5	May	5
6	Jun	6
7	Jul	7
8	Aug	8
9	Sep	9
0	Oct	0
1	Nov	1
2	Dec	2

GENDER

☐ Male ☐ Female

RACE

☐ Am. Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Black/Not Hispanic Origin
☐ Black/Hispanic Origin
☐ White/Not Hispanic Origin
☐ White/Hispanic Origin
☐ Unknown

PRIVACY ACT STATEMENT - AMBULATORY CARE DATABASE

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1871-87, 3812, 5631 and 8812, title 10, United States Code, title 5, United States Code, and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjust claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED. Disclosure of Social Security Number (SSN) is mandatory.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature hereby acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR: X

DATE: _____

PLEASE ANSWER QUESTIONS 1, 2, AND 3

1. Are you currently eligible for health care from the Veteran's Administration? ☐ Yes ☐ No ☐ Don't know

2. Do you currently have private health care insurance? ☐ Yes ☐ No

3. Are you currently a basic trainee or on TDY for less than 60 days? ☐ Yes ☐ No ☐ Not applicable

ZIP CODE

1	2	3	4	5
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9

Write in your 5 digit zip code number and fill in the corresponding bubble of your current residence. If you live in BOQ, BEQ or barracks write in your unit zip code.

PLEASE TURN FORM OVER AND COMPLETE THE APPROPRIATE SECTIONS ON THE BACK

DO NOT MARK IN THIS AREA

061340

CAREFULLY READ THE INSTRUCTIONS FOR EACH OF THE THREE SECTIONS TO DETERMINE WHICH SECTIONS YOU ARE TO COMPLETE
REMEMBER: Write in the number or letter and fill in the corresponding bubble

SECTION 1: EVERYONE MUST COMPLETE THIS SECTION

STATUS
MARK EACH STATUS BUBBLE THAT APPLIES TO YOU

- 1 Active Duty
- 2 Reserve-Initial Entry Trng
- 3 Reserve IDT/AT/ADT
- 4 NG Initial Entry Trng
- 5 NG IDT/AT/ADT
- 6 USMA Cadet
- 7 ROTC Cadet/Applicant

- 8 Depn Active Duty
- 9 Retired Service member
- 10 Depn Retired/Deceased

- 11 Civilian Employee
- 12 Civilian Employee in preemployment status

OR

- 13 None of the above
 (Ask clinic staff for help)

MARK ONE

**SPONSOR'S
 BRANCH OF SERVICE**

- ☐ Army
- ☐ USAF
- ☐ Navy
- ☐ Marines
- ☐ Coast Guard
- ☐ USPHS
- ☐ Other (Ask clinic staff for help)



**SERVICE PERSON
 OR SPONSOR'S SSN**

WRITE →

BUBBLE →

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

SECTION 2: ONLY ARMY personnel currently on AD or in training. (Includes USAR and ARNG)

PAY GRADE

- OFF O
- WO WO
- ENL E

UNIT ID CODE (UIC)

A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

**DEPENDENTS
 AND RETIREES
 DO NOT USE**

DO YOU HAVE AN MOS/SSI?
☐ YES ☐ NO
 (IF YES WRITE IT IN AND BUBBLE IN BELOW)

CAREFUL!!! Warrant Officers require 3 numbers for MOS/SSI. Others place a zero (0) before the 2 numbers of your MOS/SSI.

DUTY MOS/SSI

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

SECTION 3: To be filled out by CIVILIAN employees and PREEMPLOYMENT CIVILIANS ONLY. This includes CIVILIAN employees who are also DEPENDENTS or RETIREES.

WRITE →

BUBBLE →

YOUR OWN SSN

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

YOUR RATING

- ☐ GS
- ☐ GM
- ☐ WG
- ☐ WL
- ☐ WS
- ☐ NAF
- ☐ Other

PAY GRADE

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

**CIVILIAN
 OCC SERIES**

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

**BUILDING
 NUMBER**

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

FOR STAFF USE ONLY

FMP

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

**PATIENT
 CATEGORY**

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

**FOREIGN
 NATIONAL
 COUNTRY
 CODE**

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

PRIVACY ACT STATEMENT AMBULATORY CARE DATA BASE

THIS FORM IS NOT A GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN).

Sections 133, 1071-87, 3012, 5031, and 8012, title 10, United States Code, title 5, United States Code, and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH THIS INFORMATION IS INTENDED TO BE USED.

The personal information will facilitate and document your health care accomplishments. The social security number (SSN) of each provider is required in order to interpret the provider codes on encounter forms. The other information is required for demographic and/or administrative purposes.

The data collected for this study will support a number of provider benefits: periodic summary reports to each provider, data for peer review, certification and retrospective chart audits, opportunities to document uncaptured workload, documentation of multi-provider encounters, and collection of UCA and MED 302 input from a single, common, and reliable source.

3. ROUTINE USES.

The primary use of this information is to provide, plan, and coordinate health care delivery. Possible uses of these ambulatory care data are in: conducting preventive health and communicable disease control programs, compiling statistical data, conducting research, teaching, conducting authorized clinical investigations, and determining eligibility for individual professional certification and hospital accreditation.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY.

In the case of military and civilian health care providers, the requested information, including SSN, is mandatory in order to document all ambulatory care encounters in this facility, as directed by OTSG.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE: _____ **DATE:** _____

CLINICAL SPECIALTY FORMS FOR PATIENT ENCOUNTERS

APPENDIX B

APPENDIX B

CLINICAL SPECIALTY FORMS

Allergy/Immunization Patient
Audiology/Speech Patient
Cardiology Patient
Cardiothoracic Patient
Dermatology Patient
Endocrine/Nephrology Patient
ENT Patient
Gastroenterology Patient
General Medicine Patient
General Surgery Patient
Individual Medical Readiness
Infectious Disease Patient
Neurology Patient
Neurosurgery Patient
Nutrition Care Patient
OB/GYN Patient
Occupational Health Patient
Occupational Therapy Patient
Oncology/Hematology Patient
Ophthalmology/Optometry Patient
Optometry Patient
Orthopedics/Podiatry Patient
Ortho Appliance Form
Pain/Physical Medicine Patient
Pediatric Patient
Physical Therapy Patient
Plastic Surgery Patient
Podiatry Patient
Preventive Medicine/CHN Patient
Primary Care Patient
Psychiatry Patient
Psychology Patient
Pulmonary Patient
Radiotherapy Patient
Rheumatology Patient
Social Work Client
Urology Patient

ALLERGY/IMMUNIZATION PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour 15 minutes		
	2 hours		
	2 hours 15 minutes		
	3 hours		
	3 hours 15 minutes		
	4 hours		
	4 hours 15 minutes		

PROV #1 YES NO

PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5

6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5

6 7 8 9 +

X RAYS

Plan films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



PATIENT

TODAY'S DATE

DAY MONTH YEAR

PATIENT INFORMATION

DOB

DAY MONTH YEAR

SEX

MALE FEMALE

RACE

WHITE BLACK ASIAN HISPANIC OTHER

ETHNICITY

CAUCASIAN AFRICAN AMERICAN ASIAN AMERICAN HISPANIC AMERICAN OTHER

ADMINISTRATION

UCA DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

MARK ONLY ONE

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes

No

2. Patient being seen for new problem?

Yes

No

000328

EVALUATION SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES		
		1	2	
<input type="checkbox"/> 95071 ANTIGEN, UNSPEC <input type="checkbox"/> 95074 HISTAMINE <input type="checkbox"/> 95070 METHACHOLINE <input type="checkbox"/> 95073 SULFITE <input type="checkbox"/> 95072 WATER <input type="checkbox"/> 95218 ASPIRIN <input type="checkbox"/> 95215 DYE <input type="checkbox"/> 95217 FOOD <input type="checkbox"/> 95219 NSAID <input type="checkbox"/> 95216 PRESERVATIVE <input type="checkbox"/> 95220 MSC DRUG <input type="checkbox"/> 95180 ASA <input type="checkbox"/> 95181 INSULIN <input type="checkbox"/> 95182 PENICILLIN <input type="checkbox"/> 95183 MISCELLANEOUS <input type="checkbox"/> 95223 ANAPHYLAXIS <input type="checkbox"/> 95221 ASTHMA <input type="checkbox"/> 95030 LATE REACTION SKIN TEST/ IMMUNOTHERAPY	<input type="checkbox"/> 95206 DERMATOGRAPHIA TEST <input type="checkbox"/> 95202 EXERCISE CHALLENGE FOR CHOLINERGIC <input type="checkbox"/> 95201 HOT WATER IMMERSION TEST <input type="checkbox"/> 95203 ICE CUBE TEST <input type="checkbox"/> 95200 MECHOLYL SKIN TEST <input type="checkbox"/> 95207 MORPHINE SULFATE SKIN TEST <input type="checkbox"/> 95204 PRESSURE TEST IMMEDIATE <input type="checkbox"/> 95206 PRESSURE DELAYED TEST <input type="checkbox"/> 95008 PRICK, W/UP TO 30, W/ALLERGENS <input type="checkbox"/> 95206 VIBRATORY TEST <input type="checkbox"/> 95012 PRICK <input type="checkbox"/> 95092 INTRADERMAL <input type="checkbox"/> 95010 PRICK <input type="checkbox"/> 95080 PRICK <input type="checkbox"/> 95081 INTRADERMAL <input type="checkbox"/> 95024 PRICK <input type="checkbox"/> 95035 INTRADERMAL <input type="checkbox"/> 95040 PATCH TESTS, 1-10	<input type="checkbox"/> 95083 PRICK <input type="checkbox"/> 95084 INTRADERMAL <input type="checkbox"/> 94010 SPIROMETRY <input type="checkbox"/> 94060 SPRMTRY-PRE/POST-MEDHALER <input type="checkbox"/> 94061 SPRMTRY-AFTER EXERCISE <input type="checkbox"/> 95120 ALLERGY IMMUNOTHERAPY <input type="checkbox"/> 95455 AMENGY SCREEN TESTING <input type="checkbox"/> 95402 ASPERGILLUS, SKIN TEST <input type="checkbox"/> 95191 NASAL CYTOLOGY <input type="checkbox"/> 95180 NASAL SMEAR <input type="checkbox"/> 95210 REBUCK SKIN WINDOW <input type="checkbox"/> 95212 RHINOMANOMETRY <input type="checkbox"/> 95213 RHINOSCOPY <input type="checkbox"/> 95180 SPUTUM CYTOLOGY, GRAM STAIN <input type="checkbox"/> 95257 TYMPANOMETRY <input type="checkbox"/> 90725 CHOLERA <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90741 GAMMA GL <input type="checkbox"/> 90731 HEPATITIS B	<input type="checkbox"/> 90724 INFLUENZA <input type="checkbox"/> 90733 MENINGOCOCCAL <input type="checkbox"/> 90707 MMR, LIVE <input type="checkbox"/> 90727 PLAGUE <input type="checkbox"/> 90732 PNEUMOCOCCAL (POLY-V) <input type="checkbox"/> 90712 POLIO, ORAL <input type="checkbox"/> 90721 SMALLPOX <input type="checkbox"/> 90703 TT <input type="checkbox"/> 90714 TYPHOID <input type="checkbox"/> 90717 YELLOW FEVER <input type="checkbox"/> 95581 TB SKIN TEST, TINE <input type="checkbox"/> 95582 TB SKIN TEST, READ <input type="checkbox"/> 95580 TB SKIN TEST, INTRADERMAL	
<input type="checkbox"/> 95071 DESENSITIZATION FOLLOWUP <input type="checkbox"/> 9501 EXERCISE <input type="checkbox"/> 9500 IDIOPATHIC <input type="checkbox"/> 9502 MISCELLANEOUS <input type="checkbox"/> 51880 ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS <input type="checkbox"/> 4939 ALLERGIC <input type="checkbox"/> 49392 NON-ALLERGIC <input type="checkbox"/> 49399 OCCUPATIONAL <input type="checkbox"/> 49393 EPISODIC/CONFINING <input type="checkbox"/> 49398 EXERCISE INDUCED <input type="checkbox"/> 49394 FULLY REVERSIBLE <input type="checkbox"/> 49395 PARTIALLY REVERSIBLE <input type="checkbox"/> 49396 BRONCHODILATOR DEP <input type="checkbox"/> 49397 STEROID DEP <input type="checkbox"/> 4660 BRONCHITIS ACUTE <input type="checkbox"/> 491 BRONCHITIS CHRONIC <input type="checkbox"/> 496 COPD <input type="checkbox"/> 492 EMPHYSEMA <input type="checkbox"/> 5163 FIBROSIS, INTERSTITIAL, IDIOPATH <input type="checkbox"/> 49591 HYPERSENSITIVITY PNEUMONITIS <input type="checkbox"/> 5183 PULMONARY EOSINOPHILIA <input type="checkbox"/> 4659 URI, ACUTE		<input type="checkbox"/> 37214 ALLERGIC <input type="checkbox"/> 37238 NONALLERGIC <input type="checkbox"/> 37213 VERNAL <input type="checkbox"/> 3828 OTITIS MEDIA, NOS <input type="checkbox"/> 3812 OTITIS MEDIA, MUCOID <input type="checkbox"/> 3814 OTITIS SEROUS <input type="checkbox"/> 471 POLYP <input type="checkbox"/> 470 SEPTAL DEFORMITY ACQUIRED <input type="checkbox"/> 7481 SEPTAL DEFORMITY CONGENITAL <input type="checkbox"/> 477 ALLERGIC <input type="checkbox"/> 47788 SEASONAL <input type="checkbox"/> 47782 GRASS <input type="checkbox"/> 47783 WEEDS <input type="checkbox"/> 47781 TREES <input type="checkbox"/> 47789 PERENNIAL <input type="checkbox"/> 47785 PET <input type="checkbox"/> 47784 MOLD <input type="checkbox"/> 47787 MITES <input type="checkbox"/> 47786 DUST <input type="checkbox"/> 47780 NONSPEC <input type="checkbox"/> 47790 NON-ALLERGIC W/EOSINOPHILIA <input type="checkbox"/> 47791 VASOMOTOR	<input type="checkbox"/> 461 ACUTE <input type="checkbox"/> 473 CHRONIC <input type="checkbox"/> 691 ATOPIC DERMATITIS <input type="checkbox"/> 69281 COSMETICS <input type="checkbox"/> 6920 DETERGENTS <input type="checkbox"/> 6923 DRUGS & MEDICINE IN CONTACT W/SKIN <input type="checkbox"/> 6925 FOOD IN CONTACT W/SKIN <input type="checkbox"/> 6921 OILS AND GREASES <input type="checkbox"/> 6926 PLANTS EXCEPT FOOD <input type="checkbox"/> 6927 SOLAR RADIATION <input type="checkbox"/> 6922 SOLVENTS <input type="checkbox"/> 6924 OTHER CHEMICAL PRODUCTS <input type="checkbox"/> 69289 OTHER SPECIFIED AGENTS <input type="checkbox"/> 69294 UNSPECIFIED CAUSE <input type="checkbox"/> 99521 ASPIRIN <input type="checkbox"/> 99525 INSULIN <input type="checkbox"/> 99523 PENICILLIN <input type="checkbox"/> 99524 RADIOCONTRAST MEDIA <input type="checkbox"/> 99522 SULFITE <input type="checkbox"/> 9952 OTHER DRUG, NOS	<input type="checkbox"/> 98951 FIREANT ALLERGY <input type="checkbox"/> 98952 HYMENOPTERA HYPERSENSITIVITY <input type="checkbox"/> 69282 DYES PRESERVATIVES & ADDITIVES <input type="checkbox"/> 9880 FISH AND SHELLFISH <input type="checkbox"/> 9889 UNSPEC FOOD <input type="checkbox"/> 5798 FOOD INTOLERANCE <input type="checkbox"/> 70883 ACUTE <input type="checkbox"/> 70884 CHRONIC <input type="checkbox"/> 70881 CHOLINERGIC <input type="checkbox"/> 7080 FOOD OR DRUG <input type="checkbox"/> 7081 IDIOPATHIC <input type="checkbox"/> 70856 INFECTIOUS <input type="checkbox"/> 70885 PHYSICAL <input type="checkbox"/> 70882 RECURRENT <input type="checkbox"/> 7089 OTHER <input type="checkbox"/> 7083 DERMATOGRAPHIA <input type="checkbox"/> 2776 ANGIOEDEMA, HEREDITARY <input type="checkbox"/> 27918 IMMUNODEFICIENCY, ACQUIRED <input type="checkbox"/> 27922 IMMUNODEFICIENCY DIS HEREDITARY V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)	
Yes	No
UNLISTED DX (if not listed in columns above)	
PRIMARY DX	SECONDARY DX
V 0 0 0 0 0 0 1 1 1 1 1 S 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 9	V 0 0 0 0 0 0 1 1 1 1 1 S 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 9

AUDIOLOGY/SPEECH PATIENT

PROVIDER

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
		5 minutes			
		10 minutes			
		15 minutes			
		20 minutes			
		30 minutes			
		45 minutes			
		1 hour			
		1 hour/30 minutes			
		2 hours			
		2 hours/30 minutes			
		3 hours			
		3 hours/30 minutes			
		4 hours			
		4 hours/30 minutes			
PROV #1		PROV #2			
YES	NO	YES	NO		
Have you seen this patient before?					
If yes, have you treated this patient for this problem before?					
REASON FOR #2 CARE PROVIDER					
Teaching/Supervision					
Consultation					
Procedure/Treatment					
Other					
1 2 3					
MARK ONLY ONE					

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury

follow-up

Surgical

follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

1 2 3 4 5

6 7 8 9 +

PRESCRIPTIONS

1 2 3 4 5

6 7 8 9 +

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip.

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



PATIENT

TODAY'S DATE

DAY MONTH YEAR

1 2 3 4 5 6 7 8 9 0

SPONSOR'S SSN

1 2 3 4 5 6 7 8 9 0

PATIENT INFORMATION

FMP

BIRTHDATE

DAY MONTH YEAR

1 2 3 4 5 6 7 8 9 0

ADMINISTRATION

UCA DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

1 2 3 4 5 6 7 8 9 0

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes

No

2. Patient being seen for new problem?

Yes

No

000316

EVALUATION SERVICES/PROCEDURES		(MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES																																																																																																				
AUDIOLOGY PROCEDURES		SPEECH PROCEDURES		ADDITIONAL PROCEDURES																																																																																																				
<p>HEARING EVALUATION</p> <p><input type="checkbox"/> 82589 ACOUSTIC REFLEX DECAY</p> <p><input type="checkbox"/> 82583 AIR AND BONE CONDUCTION</p> <p><input type="checkbox"/> 82582 AIR CONDUCTION</p> <p><input type="checkbox"/> 82588 AUDIO TEST BAT/WHIST TEST BAT</p> <p><input type="checkbox"/> 82587 AUDIOLOGY TEST BATTERY</p> <p><input type="checkbox"/> 82581 AUDITORY BRAIN STEM RESPONSE (EER)</p> <p><input type="checkbox"/> 82589 CENT AUD FUNCTION BATT</p> <p><input type="checkbox"/> 82596 EAR PROT ATTEN MEASUREMENT</p> <p><input type="checkbox"/> 82544 ELECTROMYSTAGMOGRAPHY</p> <p><input type="checkbox"/> 82566 IMMITANCE TEST BATTERY</p> <p><input type="checkbox"/> 82582 LOUDNESS BALANCE</p> <p><input type="checkbox"/> 82597 PEDIATRIC</p> <p><input type="checkbox"/> 82609 PERFORMANCE INTENSITY FUNCTION</p> <p><input type="checkbox"/> 82556 SPEECH AUD THRESH DISCRIM</p> <p><input type="checkbox"/> 82588 STENDER PURE TONE</p> <p><input type="checkbox"/> 82608 SUPRA THRESHOLD ADAPT TEST</p> <p><input type="checkbox"/> 82563 TONE DECAY TESTING</p> <p><input type="checkbox"/> 82567 TYMPANOMETRY</p> <p><input type="checkbox"/> 82607 WORD RECOGNITION SCORES</p>	<p>ADDITIONAL PROCEDURES</p> <p><input type="checkbox"/> 82606 AURAL REHABILITATION</p> <p><input type="checkbox"/> 89079 BATTERY REPLACEMENT</p> <p><input type="checkbox"/> 82581 BEKESY BATTERY</p> <p><input type="checkbox"/> 82613 CALIBRATION, HEARING AID</p> <p><input type="checkbox"/> 82584 EARMOULD</p> <p><input type="checkbox"/> 82591 FULL HEARING AID EVAL-BINAURAL</p> <p><input type="checkbox"/> 82583 HEARING AID CONSULTATION-BINAURAL</p> <p><input type="checkbox"/> 82602 HEARING AID ISSUE</p> <p><input type="checkbox"/> 82603 HEARING AID ORIENTATION</p> <p><input type="checkbox"/> 82604 HEARING AID REPAIR</p> <p><input type="checkbox"/> 82618 HEARING CONSERVATION COUNSELING</p>	<p><input type="checkbox"/> 82611 COUNSELLING</p> <p><input type="checkbox"/> 82606 CONSULT EVALUATE (ADULT)</p> <p><input type="checkbox"/> 82505 CONSULT EVALUATE (CHLD)</p> <p><input type="checkbox"/> 82508 GROUP THERAPY (ADULT)</p> <p><input type="checkbox"/> 82510 GROUP THERAPY (CHLD)</p> <p><input type="checkbox"/> 82507 INDIVIDUAL THERAPY (ADULT)</p> <p><input type="checkbox"/> 82509 INDIVIDUAL THERAPY (CHLD)</p> <p><input type="checkbox"/> 82608 PROVIDE Rx MATERIALS</p> <p><input type="checkbox"/> 82601 PROVIDE COMMUNICATION DEVICE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5">1</th> <th colspan="5">2</th> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>		1					2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1					2																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<p style="text-align: center;">SCALE OUT</p> <p><input type="checkbox"/> 1" <input type="checkbox"/> 2"</p> <p>AUDIOLOGY DIAGNOSES</p> <p>HEARING LOSS</p> <p><input type="checkbox"/> 3890 CONDUCTIVE</p> <p><input type="checkbox"/> 3892 MIXED</p> <p><input type="checkbox"/> 3898 NON-ORG</p> <p><input type="checkbox"/> 3891 SENSORINEURAL</p> <p><input type="checkbox"/> 3899 NOT OTHERWISE SPECIFIED</p> <p><input type="checkbox"/> 38914 CENTRAL HEARING IMPAIRMENT</p> <p><input type="checkbox"/> V855 NO PROBLEM NOTED</p>		<p style="text-align: center;">SPEECH DIAGNOSES</p> <p><input type="checkbox"/> 34881 ACQUIRED BRAIN DISEASE</p> <p><input type="checkbox"/> 3439 CEREBRAL PALSY</p> <p><input type="checkbox"/> 74292 CONGENITAL BRAIN MALFORMATION</p> <p style="padding-left: 20px;">CVA</p> <p><input type="checkbox"/> 4361 LEFT</p> <p><input type="checkbox"/> 4362 RIGHT</p> <p><input type="checkbox"/> 38912 HEARING LOSS, NEURAL</p> <p><input type="checkbox"/> 31491 MINIMAL BRAIN DYSFUNCTION</p> <p><input type="checkbox"/> 318 MENTAL RETARDATION, NOS</p> <p><input type="checkbox"/> 2396 NEOPLASM, BRAIN, UNSPEC</p> <p><input type="checkbox"/> V5733 POST CONCUSSION REHAB</p> <p><input type="checkbox"/> 8543 TRAUMATIC HEAD INJURY</p> <p><input type="checkbox"/> 3589 UNSPEC NEUROMUSCULAR DISORDER</p> <p><input type="checkbox"/> 78192 OTHER NEUROLOGICAL DISORDER</p> <p><input type="checkbox"/> 74488 ANOMALIES, NEC</p> <p><input type="checkbox"/> 7491 CLEFT LIP</p> <p><input type="checkbox"/> 7490 CLEFT PALATE</p> <p><input type="checkbox"/> 75091 OROPHARYNGEAL ANOMALIES NOS</p> <p><input type="checkbox"/> V5731 LARYNGEAL DISORDER REHAB</p> <p><input type="checkbox"/> V5730 POST LARYNGECTOMY REHAB</p> <p><input type="checkbox"/> V5732 POST TRACHEOTOMY/</p> <p style="padding-left: 20px;">TRACHEOSTOMY REHAB</p> <p><input type="checkbox"/> 4783 VOCAL CORD PARALYSIS</p> <p><input type="checkbox"/> 3899 DEAFNESS</p> <p style="padding-left: 20px;">HEARING IMPAIRMENT</p> <p><input type="checkbox"/> 38914 CENTRAL</p> <p><input type="checkbox"/> 38911 SENSOR</p> <p><input type="checkbox"/> 3899 VISUAL IMPAIRMENT</p> <p><input type="checkbox"/> 78191 OTHER SENSORY DEFICIT</p> <p><input type="checkbox"/> 2990 AUTISM</p> <p><input type="checkbox"/> 31591 DELAYED EMOTIONAL</p> <p style="padding-left: 20px;">MATURATION</p> <p><input type="checkbox"/> 3152 LEARNING DISABILITY</p> <p><input type="checkbox"/> V8291 PSYCHOSOCIAL</p> <p style="padding-left: 20px;">DEPRIVATION</p> <p><input type="checkbox"/> V403 OTHER BEHAVIORAL</p> <p style="padding-left: 20px;">PROBLEM</p>																																																																																																						
		<p style="text-align: center;">JOB RELATED ILL/INJ (NOT LOD DET)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">UNLISTED DX (if not listed in columns above)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5">PRIMARY DX</th> <th colspan="5">SECONDARY DX</th> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>				PRIMARY DX					SECONDARY DX					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
PRIMARY DX					SECONDARY DX																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																						

PATIENT

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance

☐ Acute problem

☐ Chronic Problem

☐ Trauma/Injury follow-up

☐ Surgical follow-up

DISPOSITION	
<input type="radio"/> Discharged from clinic	} MARK ONLY ONE
<input type="radio"/> Return PRN	
<input type="radio"/> Return appointment	
<input type="radio"/> Admitted	
<input type="radio"/> Expired	

ORDERED
OUT OF CLINIC

LAB

☐ (0) ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (7)

PRESCRIPTIONS

☐ (0) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (4)

X RAYS

☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

☐ Adaptive appliance/equip.
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

**REFERRALS AND
SUPPLEMENTAL DISPOSITION**

(MARK AS MANY AS APPLICABLE)

- ☐ Referred to other clinic
- ☐ Referred to VA
- ☐ Referred to other Fed. Fac.
- ☐ Referred to civilian provider
- ☐ Referred to civ. Health Dept.
- ☐ Letters/Forms
- ☐ Supplemental care
- ☐ Champus for the handicapped
- ☐ Other Champus
- ☐ Quarters (military)
- ☐ Home (non-military)
- ☐ Work w/limitations
- ☐ Profile

Specific preassigned clinic codes

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

ADMINISTRATION

UCA DATA									
CLINIC CODE					INPATIENT OR REFERRAL CODE				
1	A	A	A	A	A	A	A	A	A
	B	B	B	B	B	B	B	B	B
2	C	C	C	C	C	C	C	C	C
	D	D	D	D	D	D	D	D	D
3	E	E	E	E	E	E	E	E	E
	F	F	F	F	F	F	F	F	F
4	G	G	G	G	G	G	G	G	G
	H	H	H	H	H	H	H	H	H
	I	I	I	I	I	I	I	I	I
	J	J	J	J	J	J	J	J	J
	K	K	K	K	K	K	K	K	K
	L	L	L	L	L	L	L	L	L
	M	M	M	M	M	M	M	M	M
	N	N	N	N	N	N	N	N	N
	O	O	O	O	O	O	O	O	O
	P	P	P	P	P	P	P	P	P
	Q	Q	Q	Q	Q	Q	Q	Q	Q
	R	R	R	R	R	R	R	R	R
	S	S	S	S	S	S	S	S	S
	T	T	T	T	T	T	T	T	T
	U	U	U	U	U	U	U	U	U
	V	V	V	V	V	V	V	V	V
	W	W	W	W	W	W	W	W	W
	X	X	X	X	X	X	X	X	X
	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Z	Z	Z	Z	Z	Z	Z	Z	Z

PLACE OF VISIT

☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

} **MARK ONLY ONE**

(1) (2) (3) (4) (5)

APPOINTMENT STATUS		
<input type="radio"/> Scheduled	}	MARK ONLY ONE
<input type="radio"/> Unscheduled		
<input type="radio"/> Emergency		

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes

☐ No

2. Patient being seen for new problem?

☐ Yes

☐ No

000463

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

- ☐ 83280 CARDIAC FLUOROSCOPY
- ☐ 75500 CINEANGIOGRAM INTERPRETATION
- ☐ 83791 PACEMAKER INTERROGATION/
REPROGRAMMING
- ☐ 83792 PACEMAKER, TELEPHONIC ANALYSIS
- ☐ 80002 REMOVAL OF SUTURES

- ☐ 78404 EXERCISE
☐ 78405 INTERPRETATION ONLY
☐ 78403 REST

[illegible]

SILENT

Q1° Q2°

- ☐ ☐ 438 CEREBROVASCULAR ACCIDENT
☐ ☐ 44391 CLAUDICATION, INTERMITTENT
☐ ☐ 4511 PHLEBITIS, DEEP VEIN
☐ ☐ 4430 RAYNAUD'S
☐ ☐ 4039 RENOVASCULAR DISEASE (UNSPEC)
☐ ☐ 4359 TRANSIENT CEREBRAL ISCHEMIC EVENT

- ☐ 42731 ATRIAL FIBRILLATION
- ☐ 42732 ATRIAL FLUTTER
- ☐ 42689 ATRIOVENTRIC DISSOCIATION
- ☐ 4270 PAROXYSMAL ATRIAL TACHYCARDIA
- ☐ 42781 SICK SINUS SYNDROME
- ☐ 42769 VENTRICULAR ECTOPY
- ☐ 42741 VENTRICULAR FIBRILLATION
- ☐ 4271 VENTRICULAR TACHYCARDIA
- ☐ 42789 OTHER UNSPECIFIED

- AORTIC VALVE DISEASE**
- ☐ ☐ 42415 AORTIC STENOSIS
- ☐ ☐ 42411 AORTIC REGURGITATION
- ☐ ☐ 42412 NON-RHEUMATIC
- ☐ ☐ 3959 RHEUMATIC
- ☐ ☐ 74722 SUPRAVALVULAR AORTIC STENOSIS

- ENDOCARDITIS**
- ☐ ☐ 42414 AORTIC VALVE
- ☐ ☐ 3849 MITRAL VALVE
- ☐ ☐ 42432 PULMONARY VALVE
- ☐ ☐ 3870 TRICUSPID VALVE
- ☐ ☐ 42491 OTHER SITE

- MITRAL VALVE DISEASE**
- ☐ ☐ 42403 MITRAL VALVE
PROLAPSE
- ☐ ☐ 42401 MITRAL ANNULAR
CALCIFICATION
- ☐ ☐ 3940 MITRAL STENOSIS
- ☐ ☐ 42402 MITRAL REGURGITATION
- ☐ ☐ 4240 NON-RHEUMATIC
- ☐ ☐ 3941 RHEUMATIC

- ☐ ☐ V5332 DUAL CHAMBER
- ☐ ☐ 99601 MALFUNCTION
- ☐ ☐ V533 NORMAL FUNCTION
- ☐ ☐ V5331 SINGLE CHAMBER
- ☐ ☐ 42090 ACUTE
- ☐ ☐ 4238 CHRONIC
- ☐ ☐ 4232 CONSTRICTIVE

- ☐ ☐ 78551 CARDIOGENIC SHOCK
☐ ☐ 42891 IDIOPATHIC
☒ ☐ 42801 2° TO ASD
☐ ☐ 42802 2° TO ENDOCARDITIS
☐ ☐ 4281 2° TO VHD

PULMONIC VALVE DISEASE

- ☐ ☐ 42433 1° PULMONIC REGURGITATION
☐ ☐ 42434 2° PULMONIC REGURGITATION
☐ ☐ 4243 NON-RHEUMATIC
☐ ☐ 42431 PULMONIC STENOSIS
☐ ☐ 3971 RHEUMATIC

TRICUSPID VALVE DISEASE

- ☐ ☐ 42422 1° TRICUSPID REGURGITATION
☐ ☐ 42423 2° TRICUSPID REGURGITATION
☐ ☐ 42421 NON-RHEUMATIC
☐ ☐ 39701 RHEUMATIC
☐ ☐ 4242 TRICUSPID STENOSIS

PROSTHETIC VALVE

- ☐ ☐ 99604 AORTIC, MALFUNCTION
☐ ☐ 99605 MITRAL, MALFUNCTION
☐ ☐ 99606 PULMONIC, MALFUNCTION
☐ ☐ 99607 TRICUSPID, MALFUNCTION

AORTIC VALVE DISEASE

- ☐ ☐ 42415 AORTIC STENOSIS
☐ ☐ 42411 AORTIC REGURGITATION
☐ ☐ 42412 NON-RHEUMATIC
☐ ☐ 3959 RHEUMATIC
☐ ☐ 74722 SUPRAVALVULAR AORTIC STENOSIS

ENDOCARDITIS

- ☐ ☐ 42414 AORTIC VALVE
☐ ☐ 3949 MITRAL VALVE
☐ ☐ 42432 PULMONARY VALV
☐ ☐ 3970 TRICUSPID VALVE
☐ ☐ 42491 OTHER SITE

MITRAL VALVE DISEASE

- ☐ ☐ 42403 MITRAL VALVE
PROLAPSE
- ☐ ☐ 42401 MITRAL ANNULAR
CALCIFICATION
- ☐ ☐ 3940 MITRAL STENOSIS
- ☐ ☐ 42402 MITRAL REGURGITATION
- ☐ ☐ 4240 NON-RHEUMATIC
- ☐ ☐ 3941 RHEUMATIC

JOB RELATED ILL/INJ (NOT LOO DET)											
Yes						No					
UNLISTED DX (if not listed in columns above)											
PRIMARY DX						SECONDARY DX					
1	2	3	4	5	6	1	2	3	4	5	6
7	8	9	10	11	12	7	8	9	10	11	12
13	14	15	16	17	18	13	14	15	16	17	18
19	20	21	22	23	24	19	20	21	22	23	24
25	26	27	28	29	30	25	26	27	28	29	30
31	32	33	34	35	36	31	32	33	34	35	36
37	38	39	40	41	42	37	38	39	40	41	42
43	44	45	46	47	48	43	44	45	46	47	48
49	50	51	52	53	54	49	50	51	52	53	54
55	56	57	58	59	60	55	56	57	58	59	60
61	62	63	64	65	66	61	62	63	64	65	66
67	68	69	70	71	72	67	68	69	70	71	72
73	74	75	76	77	78	73	74	75	76	77	78
79	80	81	82	83	84	79	80	81	82	83	84
85	86	87	88	89	90	85	86	87	88	89	90
91	92	93	94	95	96	91	92	93	94	95	96
97	98	99	100	101	102	97	98	99	100	101	102

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
0 1 2 3 4 5 6 7 8 9	5 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	10 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	15 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	20 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	30 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	45 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	1 hour	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	1 hour/30 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	2 hours	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	2 hours/30 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	3 hours	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	3 hours/30 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	4 hours	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	4 hours/30 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
Consultation
Procedure/Treatment
Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
Acute problem
Chronic Problem
Trauma/Injury follow-up
Surgical follow-up

DISPOSITION

Discharged from clinic
Return PRN
Return appointment
Admitted
Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

PRESCRIPTIONS

X RAYS

Plain films
Barium study
IVP
CT scan
MR scan
Ultrasound
Nuclear med scan
Angiographic study
Other

OTHER

Adaptive appliance/equip.
EEG
EKG
Pul function
EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

Referred to other clinic
Referred to VA
Referred to other Fed. Fac.
Referred to civilian provider
Referred to civ. Health Dept.
Letters/Forms
Supplemental care
Champus for the handicapped
Other Champus
Quarters (military)
Home (non-military)
Work w/limitations
Profile
Specific preassigned clinic codes

(MARK AS MANY AS APPLICABLE)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

CARDIOTHORACIC PATIENT

PATIENT

TODAY'S DATE

DAY MONTH YEAR

0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN

0 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION

FMP

BIRTHDATE

DAY MONTH YEAR

0 1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

0 1 2 3 4 5 6 7 8 9

PLACE OF VISIT

Clinic/Office
Ward
Telephone
Home
Other

MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

Scheduled
Unscheduled
Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
No

2. Patient being seen for new problem?

Yes
No

000479

(MARK AS MANY AS APPLICABLE)

-
- The diagram shows a 10x10 grid divided into two 5x5 sections. Section 1 (left) contains circles numbered 1 to 25 in a row-major order. Section 2 (right) contains circles numbered 26 to 50 in a row-major order.

RULE OUT

Q1. Q2.

- ☐ ☐ 4231 ADHESIVE
☐ ☐ 42099 BACTERIAL
☐ ☐ 4232 CONSTRICTIVE
☐ ☐ 42091 VIRAL

- | | |
|------|--------------------------------|
| 5109 | EMPYEMA LUNG |
| 860 | PNEUMO/HEMOTHORAX-TRAUMATIC |
| 5120 | PNEUMOTHORAX, SPONTAN TENSION |
| 4151 | PULMONARY EMBOLISM AND INFARCT |

- 403 HYPERTENSION W/RENAL DISEASE
RENAL FAILURE
584 ACUTE
585 CHRONIC
4401 RENAL STENOSIS
40592 RENOVASCULAR HYPERTENSION

- 42689 AV DISSOCIATION
42793 BRADYCARDIA
42650 BUNDLE BRANCH BLOCK
42611 FIRST DEGREE AV BLOCK
7852 FUNCTIONAL HEART MURMUR
42781 SICK SINUS SYNDROME

V655 NO PROBLEM NOTED

Yes No

100

UNLISTED DX

(if not listed in columns above)

PRIMARY DX					SECONDARY DX				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
S	2	2	2	2	S	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PATIENTI

PROVIDER

DISPOSITION

<input type="radio"/> Discharged from clinic	}	' MARK ONLY ONE
<input type="radio"/> Return PRN		
<input type="radio"/> Return appointment		
<input type="radio"/> Admitted		
<input type="radio"/> Expired		

REFERRALS AND
SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

☐ Referred to other clinic
☐ Referred to VA
☐ Referred to other Fed. Fac.
☐ Referred to civilian provider
☐ Referred to civ. Health Dept.
☐ Letters/Forms
☐ Supplemental care
☐ Champus for the handicapped
☐ Other Champus
☐ Quarters (military)
☐ Home (non-military)
☐ Work w/limitations
☐ Profile
Specific preassigned
clinic codes

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

UCA DATA							
CLINIC CODE				INPATIENT OR REFERRAL CODE			
A	(A)	(A)	(A)	(A)	(A)	(A)	(A)
B	(B)	(B)	(B)	(B)	(B)	(B)	(B)
C	(C)	(C)	(C)	(C)	(C)	(C)	(C)
D	(D)	(D)	(D)	(D)	(D)	(D)	(D)
E	(E)	(E)	(E)	(E)	(E)	(E)	(E)
F	(F)	(F)	(F)	(F)	(F)	(F)	(F)
G	(G)	(G)	(G)	(G)	(G)	(G)	(G)
H	(H)	(H)	(H)	(H)	(H)	(H)	(H)
I	(I)	(I)	(I)	(I)	(I)	(I)	(I)
J	(J)	(J)	(J)	(J)	(J)	(J)	(J)
K	(K)	(K)	(K)	(K)	(K)	(K)	(K)
L	(L)	(L)	(L)	(L)	(L)	(L)	(L)
M	(M)	(M)	(M)	(M)	(M)	(M)	(M)
N	(N)	(N)	(N)	(N)	(N)	(N)	(N)
O	(O)	(O)	(O)	(O)	(O)	(O)	(O)
P	(P)	(P)	(P)	(P)	(P)	(P)	(P)
Q	(Q)	(Q)	(Q)	(Q)	(Q)	(Q)	(Q)
R	(R)	(R)	(R)	(R)	(R)	(R)	(R)
S	(S)	(S)	(S)	(S)	(S)	(S)	(S)
T	(T)	(T)	(T)	(T)	(T)	(T)	(T)
U	(U)	(U)	(U)	(U)	(U)	(U)	(U)
V	(V)	(V)	(V)	(V)	(V)	(V)	(V)
W	(W)	(W)	(W)	(W)	(W)	(W)	(W)
X	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Y	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)
Z	(Z)	(Z)	(Z)	(Z)	(Z)	(Z)	(Z)

PLACE OF VISIT

<input type="radio"/> Clinic/Office	}	MARK ONLY ONE
<input type="radio"/> Ward		
<input type="radio"/> Telephone		
<input type="radio"/> Home		
<input type="radio"/> Other		

① ② ③ ④ ⑤

APPOINTMENT STATUS	
<input type="radio"/> Scheduled	} MARK ONLY ONE
<input type="radio"/> Unscheduled	
<input type="radio"/> Emergency	

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes

☐ No

2. Patient being seen for new problem?

☐ Yes

☐ No

000317

- **DO NOT** use ink or ballpoint pen.
- Make each mark heavy and black.
- **Fill** circles completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

EVALUATION SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

<input type="checkbox"/> 90788 ANTIBIOTIC, INTRAMUSCULAR <input type="checkbox"/> 11903 ANTIMETABOLITE, INTRALESIONAL <input type="checkbox"/> 11902 CORTICOSTEROID, INTRALESIONAL <input type="checkbox"/> 90783 CORTICOSTEROID, INTRAMUSCULAR <input type="checkbox"/> 11901 INTRALESIONAL, >7 LESIONS <input type="checkbox"/> 11900 INTRALESIONAL, 1-7 LESIONS <input type="checkbox"/> 90900 ACTINOTHERAPY UVB/UVA/UNC <input type="checkbox"/> 17340 CRYOTHERAPY <input type="checkbox"/> 90912 PUNA <input type="checkbox"/> 11898 GRENZ/SUPERF X-RAY <input type="checkbox"/> 10040 ACNE SURGERY AUTOGRAFTS/HAIR <input type="checkbox"/> 15775 1-15 <input type="checkbox"/> 15778 > 15 <input type="checkbox"/> 15777 AUTOGRAFTS, NOT HAIR BIOPSY <input type="checkbox"/> 11100 ONE LESION <input type="checkbox"/> 11101 ADDTL LESION 1,2,3,4,5 <input type="checkbox"/> 11104 INCISIONAL <input type="checkbox"/> 11102 PUNCH <input type="checkbox"/> 11103 SHAVE <input type="checkbox"/> 15820 BLEPHAROPLASTY, LOWER LID <input type="checkbox"/> 15822 BLEPHAROPLASTY, UPPER LID <input type="checkbox"/> 15780 CHEMICAL PEEL FACE <input type="checkbox"/> 15792 ACID TREATMENTS CHEMOSURGERY (FRESH) <input type="checkbox"/> 17304 STAGE I	<input type="checkbox"/> 17306 STAGE II <input type="checkbox"/> 17308 STAGE III <input type="checkbox"/> 17307 STAGE IV <input type="checkbox"/> 17308 STAGE V <input type="checkbox"/> 11040 DEBRIDE ULCER DERMABRASION <input type="checkbox"/> 15781 FACE <input type="checkbox"/> 15782 SCALP <input type="checkbox"/> 15780 TATTOO <input type="checkbox"/> 90470 DESTRUCT VERN/CAP (SCLEROSE) <input type="checkbox"/> 90011 DRESSING CHANGE <input type="checkbox"/> 90900 EAR PIERCING ELECTRODEBRIDERY <input type="checkbox"/> 17200 BENIGN LESIONS <input type="checkbox"/> 17203 BASAL CELL EXCISION <input type="checkbox"/> 30121 RHINOPHYMA ILD <input type="checkbox"/> 10080 ABSCESS, SIMPLE <input type="checkbox"/> 10081 ABSCESS, COMPL <input type="checkbox"/> 10020 FURUNCLE LASER THERAPY <input type="checkbox"/> 17381 EXCISION <input type="checkbox"/> 17382 VASCULAR <input type="checkbox"/> 17383 VERRUCA <input type="checkbox"/> 17385 OTHER EXC LESIONS, BENIGN <input type="checkbox"/> 11411 TRUNK/EXTREMITY <1.0 CM <input type="checkbox"/> 11402 TRUNK/EXTREMITY 1.0-2.0 CM <input type="checkbox"/> 11412 TRUNK/EXTREMITY >2.0 CM <input type="checkbox"/> 11431 SCALP, NECK, HANDS <1.0 CM <input type="checkbox"/> 11422 SCALP, NECK, HANDS 1.0-2.0 CM	<input type="checkbox"/> 11432 SCALP, NECK, HANDS >2.0 CM <input type="checkbox"/> 11447 FACE, LIDS, EARS, NOSE <1.0 CM <input type="checkbox"/> 11442 FACE, LIDS, EARS, NOSE 1.0-2.0 CM <input type="checkbox"/> 11448 FACE, LIDS, EARS, NOSE >2.0 CM EXC LESIONS, MALIGNANT <input type="checkbox"/> 11611 TRUNK/EXTREMITY <1.0 CM <input type="checkbox"/> 11802 TRUNK/EXTREMITY 1.0-2.0 CM <input type="checkbox"/> 11612 TRUNK/EXTREMITY >2.0 CM <input type="checkbox"/> 11631 SCALP, NECK, HANDS <1.0 CM <input type="checkbox"/> 11622 SCALP, NECK, HANDS 1.0-2.0 CM <input type="checkbox"/> 11632 SCALP, NECK, HANDS >2.0 CM <input type="checkbox"/> 11851 FACE, LIDS, EARS, NOSE <1.0 CM <input type="checkbox"/> 11842 FACE, LIDS, EARS, NOSE 1.0-2.0 CM <input type="checkbox"/> 11852 FACE, LIDS, EARS, NOSE >2.0 CM HAIR <input type="checkbox"/> 11751 BIOPSY NAIL UNIT <input type="checkbox"/> 11730 AVULSION NAIL PLATE <input type="checkbox"/> 11750 AVULSION NAIL, DESTROY MATRIX <input type="checkbox"/> 17110 PARE WARTS OR CLAVUS, SINGLE <input type="checkbox"/> 15827 SCALP REDUCTION <input type="checkbox"/> 90002 SUTURE REMOVAL WOUND CLOSURE <input type="checkbox"/> 15260 COMP, FTSG EARS/NOSE/LIDS/LIPS <input type="checkbox"/> 15240 COMP, FTSG FOREHEAD/HANDS/NECK <input type="checkbox"/> 12001 SUTURE, SUPERFICIAL WOUND <input type="checkbox"/> 14000 FLAP <input type="checkbox"/> 15050 GRAFT, PINCH <input type="checkbox"/> 87184 DARKFIELD EXAM <input type="checkbox"/> 87101 FUNGAL CULTURE <input type="checkbox"/> 87205 GRAM STAIN
---	--	--

RULE CUT

1"

2"

<input type="checkbox"/> 7081 ACNE <input type="checkbox"/> 70610 ACNE CYST <input type="checkbox"/> 21891 ACROCHORDON <input type="checkbox"/> 70401 ALOPECIA AREATA <input type="checkbox"/> 70400 ALOPECIA, NOT AA <input type="checkbox"/> 2773 AMYLOIDOSIS <input type="checkbox"/> 17391 BASAL CELL CARCINOMA <input type="checkbox"/> 23291 BOWEN'S DISEASE <input type="checkbox"/> 1129 CANDIDIASIS <input type="checkbox"/> 7091 CAPILLARITIS <input type="checkbox"/> 9990 CHANCROID <input type="checkbox"/> 70901 CHLADISMA (MELASMA) <input type="checkbox"/> 39000 CHONDRODERMATITIS NOD HELICUS <input type="checkbox"/> 07811 CONDYLOMA ACUMINATUM <input type="checkbox"/> 700 CORNS, CALLOSITIES <input type="checkbox"/> 70625 CYST, EPID, INCL MILIA <input type="checkbox"/> 70621 CYST, PILAR <input type="checkbox"/> 75738 DARIER'S DISEASE <input type="checkbox"/> 691 DERMATITIS, ATOPIC <input type="checkbox"/> 69291 DERMATITIS, CONTACT, ALLERGIC <input type="checkbox"/> 6923 DERMATITIS, CONTACT, DRUGS & MED <input type="checkbox"/> 6926 DERMATITIS, CONTACT, DUE TO PLANTS <input type="checkbox"/> 692 DERMATITIS, CONTACT, IRRITANT <input type="checkbox"/> 6924 DERMATITIS, CONTACT, OTHER CHEMS <input type="checkbox"/> 6959 DERMATITIS, EXFOLIATIVE <input type="checkbox"/> 6984 DERMATITIS, FACTITIA <input type="checkbox"/> 6940 DERMATITIS, HERPETIFORMIS <input type="checkbox"/> 690 DERMATITIS, SEBORRHEIC <input type="checkbox"/> 4541 DERMATITIS, STASIS, NO ULCER <input type="checkbox"/> 69292 DERMATITIS, OTHER, NEC <input type="checkbox"/> 21692 DERMATOFIBROMA <input type="checkbox"/> 7083 DERMATOGRAFIA <input type="checkbox"/> 7103 DERMATOMYOSITIS <input type="checkbox"/> 64695 DERMATOSIS OF PREGNANCY <input type="checkbox"/> 6930 DRUG ERUPTION <input type="checkbox"/> 69293 ECZEMA (NUMMULAR) <input type="checkbox"/> 6929 ECZEMA <input type="checkbox"/> 75739 EPIDERMOLYSIS BULLOSA <input type="checkbox"/> 035 ERYSIPELAS <input type="checkbox"/> 6951 ERYTHEMA MULTIFORME <input type="checkbox"/> 6952 ERYTHEMA NODOSUM <input type="checkbox"/> 70480 FOLLICULITIS <input type="checkbox"/> 5291 GEOGRAPHIC TONGUE <input type="checkbox"/> 5290 GLOSSITIS <input type="checkbox"/> 098 GONORRHEA	<input type="checkbox"/> 69811 GRANULOMA NOS <input type="checkbox"/> 69587 GRANULOMA ANNULARE <input type="checkbox"/> 75737 HAILEY-HAILEY <input type="checkbox"/> 2280 HEMANGIOMA <input type="checkbox"/> 05410 HERPES PROGENITALIS <input type="checkbox"/> 054 HERPES SIMPLEX <input type="checkbox"/> 0539 HERPES ZOSTER <input type="checkbox"/> 70583 HYDRADEMTIS SUPPURATIVA <input type="checkbox"/> 7571 ICHTHYOSIS <input type="checkbox"/> 7808 HYPERHIDROSIS <input type="checkbox"/> 98954 INSECT BITE <input type="checkbox"/> 69589 INTERTRIGO <input type="checkbox"/> 7014 KELOID <input type="checkbox"/> 23821 KERATOACANTHOMA <input type="checkbox"/> 7011 KERATODERMA, ACQUIRED <input type="checkbox"/> 23293 KERATOSIS, ACTINIC <input type="checkbox"/> 7020 KERATOSIS, SEBORRHEIC <input type="checkbox"/> 70480 KERATOSIS, PILARIS <input type="checkbox"/> 7021 KERATOSIS, OTHER <input type="checkbox"/> 70902 LENTIGO <input type="checkbox"/> 6971 LICHEN NITIDUS <input type="checkbox"/> 6970 LICHEN PLANUS <input type="checkbox"/> 70101 LICHEN SCLEROSUS ET ATROPHICUS <input type="checkbox"/> 69830 LICHEN SIMPLEX CHRONICUS <input type="checkbox"/> 2141 LUPOMA <input type="checkbox"/> 69540 LUPUS ERYTHEMATOSUS, DISCOID <input type="checkbox"/> 69541 LUPUS ERYTHEMATOSUS, SUBACUTE <input type="checkbox"/> 7100 LUPUS ERYTHEMATOSUS, SYSTEMIC <input type="checkbox"/> 7858 LYMPHADENOPATHY <input type="checkbox"/> 2281 LYMPHANGIOMA <input type="checkbox"/> 70991 LYMPHOCYTOMA CUTIS <input type="checkbox"/> 0991 LYMPHOGRANULOMA VENEREUM <input type="checkbox"/> 20281 LYMPHOMA, CUTANEOUS <input type="checkbox"/> 172 MELANOMA <input type="checkbox"/> 23282 MELANOMA IN SITU <input type="checkbox"/> 7051 MILIARIA <input type="checkbox"/> 71091 MIXED CONN. TISS. DIS. <input type="checkbox"/> 0780 MOLLUSCUM CONTAGIOSUM <input type="checkbox"/> 70102 MORPHEA <input type="checkbox"/> 2021 MYCOSIS FUNGUS <input type="checkbox"/> 7274 MYXOID CYST <input type="checkbox"/> 7030 NAILS, INGROWN <input type="checkbox"/> 703 NAILS, OTHER <input type="checkbox"/> 7038 ONYCHOMYOSIS <input type="checkbox"/> 6854 NECROSIS OF SKIN	<input type="checkbox"/> 23922 NEOPLASM, DERMAL <input type="checkbox"/> 23921 NEOPLASM, EPIDERMAL <input type="checkbox"/> 1982 NEOPLASM, METASTATIC, SKIN <input type="checkbox"/> 23923 NEOPLASM, SUBCUTANEOUS <input type="checkbox"/> 6918 NEURODERMATITIS, GENERALIZED <input type="checkbox"/> 69831 NEURODERMATITIS, LOCAL <input type="checkbox"/> 2377 NEUROFIBROMATOSIS <input type="checkbox"/> 21693 NEVUS, MELANOCYTIC <input type="checkbox"/> 75791 NEVUS (NOT NEVOCELLULAR) NOS <input type="checkbox"/> 0994 NON-SPEC URETHRITIS <input type="checkbox"/> 5289 ORAL LESIONS <input type="checkbox"/> 6962 PARAPSORIASIS <input type="checkbox"/> 1329 PEDICULOSIS <input type="checkbox"/> 6945 PEMPHIGOID <input type="checkbox"/> 6944 PEMPHIGUS <input type="checkbox"/> 70903 PIGMENTATION, HYPER <input type="checkbox"/> 70904 PIGMENTATION, HYPO <input type="checkbox"/> 6965 PITIRIASIS, ALBA <input type="checkbox"/> 6963 PITIRIASIS, ROSEA <input type="checkbox"/> 6964 PITIRIASIS, RUBRA PILARIS <input type="checkbox"/> 69272 PHOTALLERGIC <input type="checkbox"/> 69273 PHOTOTOXIC <input type="checkbox"/> 69274 POLYMORPHOUS LIGHT <input type="checkbox"/> 69279 PHOTOSENSITIVE, OTHER <input type="checkbox"/> 2771 PORPHYRIA <input type="checkbox"/> 6982 PRURIGO <input type="checkbox"/> 6989 PRURITUS <input type="checkbox"/> 70481 PSEUDOFOLLICULITIS BARBAE <input type="checkbox"/> 696 PSORIASIS <input type="checkbox"/> 6980 PSORIATIC ARTHRITIS <input type="checkbox"/> 287 PURPURA <input type="checkbox"/> 68091 PYODERMA, ABSCESS <input type="checkbox"/> 6809 PYODERMA, BOIL, CARBUNCLE <input type="checkbox"/> 6829 PYODERMA, CELLULITIS <input type="checkbox"/> 684 PYODERMA, IMPETIGO <input type="checkbox"/> 6860 PYODERMA, OTHER <input type="checkbox"/> 6861 PYOGENIC GRANULOMA <input type="checkbox"/> 4430 RAYNAUD'S SYNDROME <input type="checkbox"/> 0993 REITER'S DISEASE <input type="checkbox"/> 69530 RESCUE PERSONAL DERMATITIS <input type="checkbox"/> 138 SARCOIDOSIS <input type="checkbox"/> 1330 SCABIES <input type="checkbox"/> 7101 SCLERODERMA <input type="checkbox"/> 17392 SQUAMOUS CELL CARCINOMA <input type="checkbox"/> 7013 STRIAE, ATROPHIC	<input type="checkbox"/> 69271 SUNBURN <input type="checkbox"/> 0979 SYPHILIS, UNSPEC <input type="checkbox"/> 70905 TATTOO <input type="checkbox"/> 4489 TELANGIECTASIA <input type="checkbox"/> 1100 TINEA CAPITIS <input type="checkbox"/> 1105 TINEA CORPORIS <input type="checkbox"/> 1103 TINEA CRURIS <input type="checkbox"/> 1104 TINEA PEDIS <input type="checkbox"/> 1101 TINEA UNGUIUM <input type="checkbox"/> 1110 TINEA VERSICOLOR <input type="checkbox"/> 5289 TONGUE DISEASE <input type="checkbox"/> 7071 ULCER, LEG <input type="checkbox"/> 7070 ULCER, DECUBITUS <input type="checkbox"/> 5282 ULCER, ORAL <input type="checkbox"/> 4540 ULCER, STASIS <input type="checkbox"/> 708 URTICARIA <input type="checkbox"/> 052 VARICELLA <input type="checkbox"/> 44760 VASCULITIS, CUTANEOUS <input type="checkbox"/> 0579 VIRAL EXANTHEM <input type="checkbox"/> 70906 VITILIGO <input type="checkbox"/> 0781 WART, VIRAL <input type="checkbox"/> 2722 XANTHOMATOSIS <input type="checkbox"/> 7068 XEROSIS
---	--	---	--

V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX SECONDARY DX

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

ENDOCRINE/NEPHROLOGY PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1 YES NO

PROV #2 YES NO

Have you seen this patient before?

If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5

6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5

6 7 8 9 +

X RAYS

Plan films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip.

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



DATE

DAY MONTH YEAR

0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN

0 1 2 3 4 5 6 7 8 9

PATIENT

PATIENT INFORMATION

PROV

BIRTHDATE

DAY MONTH YEAR

0 1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

0 1 2 3 4 5 6 7 8 9

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

MARK ONLY ONE

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes

No

2. Patient being seen for new problem?

Yes

No

010267

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)		1		2																									
ENDOCRINE PROCEDURES <input type="checkbox"/> 49080 ABDOMINAL PARACENTESIS <input type="checkbox"/> 82024 ACTH TEST (RIA) <input type="checkbox"/> 82948 BLOOD GLUCOSE STICK TEST <input type="checkbox"/> 84698 CLONIDINE SUPPRESSION TEST <input type="checkbox"/> 90021 DIABETIC TEACHING (EXT SVCS) <input type="checkbox"/> 83003 GNRH <input type="checkbox"/> 82999 GONADOTROPIN REDUCTION TEST <input type="checkbox"/> 83526 INSULIN TOLERANCE TEST <input type="checkbox"/> 90770 IV ADMIN DIAGNOSTIC MATERIAL <input type="checkbox"/> 82951 OGTT <input type="checkbox"/> 49420 PERITONEAL DIALYSIS <input type="checkbox"/> 75893 SUPINE & UPRIGHT RENINS (VENOUS SAMPLE THRU CATHETER) <input type="checkbox"/> 80100 THYROID BIOPSY <input type="checkbox"/> 80070 THYROID PROFILE <input type="checkbox"/> 78003 THYROID STIMULATION TEST		NEPHROLOGY PROCEDURES <input type="checkbox"/> 36200 FEMORAL <input type="checkbox"/> 36481 SUBCLAVIAN <input type="checkbox"/> 49420 PERCUTANEOUS PERITONEAL DIALYSIS <input type="checkbox"/> 80963 COMPLICATED <input type="checkbox"/> 80982 UNCOMPLICATED <input type="checkbox"/> 80981 PEDIATRIC, COMPLICATED <input type="checkbox"/> 80980 PEDIATRIC, UNCOMPLICATED <input type="checkbox"/> 80970 COMPLICATED <input type="checkbox"/> 80971 UNCOMPLICATED <input type="checkbox"/> 80972 COMPLICATED <input type="checkbox"/> 80973 UNCOMPLICATED <input type="checkbox"/> 80974 AMBULATORY <input type="checkbox"/> 80975 CYCLING <input type="checkbox"/> 36800 CHRONIC HEMODIALYSIS <input type="checkbox"/> 36801 CHRONIC PEDIATRIC HEMODIALYSIS <input type="checkbox"/> 80980 DIALYSIS PATIENT EDUCATION <input type="checkbox"/> 80981 MEDICATIONS ADJUSTMENT <input type="checkbox"/> 80988 ORDERING HOME DIALYSIS SUPPLIES <input type="checkbox"/> 89079 PATIENT EDUCATION (NEPH) <input type="checkbox"/> 36860 SCRIBNER SHUNT DECLOTTING <input type="checkbox"/> 80985 TECHNIQUE EVALUATION, DIALYSIS <input type="checkbox"/> 81000 URINALYSIS		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																							
ENDOCRINE DIAGNOSES																													
ADRENAL <input type="checkbox"/> 25541 ADDISON'S <input type="checkbox"/> 22702 ADENOMA <input type="checkbox"/> 1940 ADRENAL CARCINOMA <input type="checkbox"/> 25581 ADRENAL HYPERPLASIA <input type="checkbox"/> 2551 ALDOSTERONISM <input type="checkbox"/> 2550 CUSHING'S SYNDROME <input type="checkbox"/> 22701 PHEOCHROMOCYTOMA <input type="checkbox"/> 2559 OTHER			ADRENAL <input type="checkbox"/> 2530 ACROMEGALY <input type="checkbox"/> 2636 DIABETES INSIPIDUS <input type="checkbox"/> 2532 HYPOPIUITARISM <input type="checkbox"/> 2273 PITUITARY ADENOMA <input type="checkbox"/> 78342 SHORT STATURE <input type="checkbox"/> 2536 SIADH <input type="checkbox"/> 2539 OTHER																										
GONADAL <input type="checkbox"/> 7041 HIRsutISM <input type="checkbox"/> 25721 HYPOGONADISM, MALE <input type="checkbox"/> 25631 HYPOGONADISM, FEMALE <input type="checkbox"/> 30278 IMPOTENCE, PSYCHOGENIC <input type="checkbox"/> 60784 IMPOTENCE, ORGANIC <input type="checkbox"/> 628 INFERTILITY FEMALE <input type="checkbox"/> 606 INFERTILITY MALE <input type="checkbox"/> 62681 MENSTRUAL DYSFUNCTION <input type="checkbox"/> 2564 POLYCYSTIC OVARY SYNDROME <input type="checkbox"/> 6211 PUBERTY			THYROID DISEASES <input type="checkbox"/> 2462 CYST <input type="checkbox"/> 24091 GOITER, DIFFUSE NONTXIC <input type="checkbox"/> 2420 GOITER, DIFFUSE TOXIC <input type="checkbox"/> 2411 GOITER, MULTINODULAR <input type="checkbox"/> 2429 HYPERTHYROIDISM <input type="checkbox"/> 2449 HYPOTHYROIDISM <input type="checkbox"/> 193 THYROID CANCER <input type="checkbox"/> 24621 THYROID MASS <input type="checkbox"/> 2410 THYROID NODULE <input type="checkbox"/> 2469 OTHER																										
METABOLISM <input type="checkbox"/> 2709 AMINO ACIDS <input type="checkbox"/> 2719 CARBOHYDRATES <input type="checkbox"/> 2768 ELECTROLYTE DISORDER <input type="checkbox"/> 2724 HYPERLIPIDEMIA <input type="checkbox"/> 2780 OBESITY <input type="checkbox"/> 2779 OTHER			MISCELLANEOUS <input type="checkbox"/> 30710 ANOREXIA NERVOSA <input type="checkbox"/> 25881 AUTOIMMUNE POLYGLANDULAR FAILURE <input type="checkbox"/> 2592 CARCINOID <input type="checkbox"/> 7807 FATIGUE/MALAISE <input type="checkbox"/> 6111 GYNecomASTIA <input type="checkbox"/> 23971 MULTIPLE ENDOCRINE NEOPLASIA SYNDROME <input type="checkbox"/> 2589 POLYGLANDULAR DYSFUNCTION NEC <input type="checkbox"/> 2599 ENDO DISORDER, UNSPEC <input type="checkbox"/> 6555 NO PROBLEM NOTED																										
PANCREAS <input type="checkbox"/> 25001 DIABETES MELLITUS, TYPE I <input type="checkbox"/> 25000 DIABETES MELLITUS, TYPE II <input type="checkbox"/> 2512 HYPOGLYCEMIA <input type="checkbox"/> 5779 OTHER (UNSPEC DISEASES)																													
PARATHYROID <input type="checkbox"/> 27541 HYPERCALCEMIA <input type="checkbox"/> 2520 HYPERPARATHYROIDISM <input type="checkbox"/> 27542 HYPOCALCEMIA <input type="checkbox"/> 2521 HYPOPARATHYROIDISM <input type="checkbox"/> 5920 NEPHROLITHIASIS <input type="checkbox"/> 73393 OSTEOPENIA <input type="checkbox"/> 7310 PAGET'S <input type="checkbox"/> 2529 OTHER																													
NEPHROLOGY DIAGNOSES																													
<input type="checkbox"/> 2764 ACID-BASE DISORDER <input type="checkbox"/> 2754 CALCIUM DISORDERS <input type="checkbox"/> 75391 CONGENITAL ANOMALY, KIDNEY, NOS <input type="checkbox"/> 250 DIABETES MELLITUS <input type="checkbox"/> 2769 FLUID/ELECTROLYTE DISORDER, OTHER <input type="checkbox"/> 5809 ACUTE <input type="checkbox"/> 5829 CHRONIC <input type="checkbox"/> 5997 HEMATURIA <input type="checkbox"/> 2760 HYPERNATREMIA <input type="checkbox"/> 402 COMPLICATED <input type="checkbox"/> 401 UNCOMPLICATED <input type="checkbox"/> 403 RENAL DISEASE UNSPECIFIED <input type="checkbox"/> 2761 HYPONATREMIA <input type="checkbox"/> 5901 PYELONEPHRITIS ACUTE <input type="checkbox"/> 5900 PYELONEPHRITIS CHRONIC <input type="checkbox"/> 6466 PREGNANCY RELATED <input type="checkbox"/> 5990 UTI, ACUTE <input type="checkbox"/> 59901 UTI, CHRONIC <input type="checkbox"/> 27581 METABOLIC BONE DISEASE <input type="checkbox"/> 2779 METABOLIC DISORDER, OTHER <input type="checkbox"/> 58089 NEPHRITIS, INTERSTITIAL, ACUTE <input type="checkbox"/> 58289 NEPHRITIS, INTERSTITIAL, CHRONIC <input type="checkbox"/> 5819 NEPHROTIC SYNDROME <input type="checkbox"/> 59393 OBSTRUCTIVE DISORDERS <input type="checkbox"/> 75311 POLYCYSTIC KIDNEY DISEASE <input type="checkbox"/> 7910 PROTEINURIA			RENAL FAILURE <input type="checkbox"/> 584 ACUTE W/O DIALYSIS <input type="checkbox"/> 585 CHRONIC <input type="checkbox"/> 5861 W/UREMIA OR COMPUCA RENAL TRANSPLANT <input type="checkbox"/> 99681 COMPLICATION <input type="checkbox"/> 5844 AFTERCARE, RENAL TRAP <input type="checkbox"/> 5920 STONE DISORDERS <input type="checkbox"/> 79191 URINE SEDIMENT ABNORM UNSPECIFIED <input type="checkbox"/> 44783 VASCULITIS <input type="checkbox"/> 2765 VOLUME DISORDER/DEPLET																										
			COMPLICATION <input type="checkbox"/> 99891 HEMODIALYSIS <input type="checkbox"/> 99892 PERITONEAL DIALYSIS <input type="checkbox"/> 64620 PREGNANCY																										
			ACCESS PLACEMENT FOLLOW-UP <input type="checkbox"/> 5568 AFTERCARE, PERITONEAL I <input type="checkbox"/> 5560 AFTERCARE, RENAL DIALY <input type="checkbox"/> 55581 VASCULAR ACCESS <input type="checkbox"/> 6555 NO PROBLEM NOTED																										
<div style="display: flex; justify-content: space-between;"> <div> JOB RELATED ILL/INJ (NOT LOD DET) <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> UNLISTED DX (if not listed in columns above) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">PRIMARY DX</th> <th colspan="2">SECONDARY DX</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 0</td><td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 0</td><td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 5</td> </tr> <tr> <td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 7</td> </tr> <tr> <td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 9</td> </tr> </tbody> </table> </div> </div>						PRIMARY DX		SECONDARY DX		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 9
PRIMARY DX		SECONDARY DX																											
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1																										
<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3																										
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5																										
<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 7																										
<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 9																										

E.N.T. PATIENT

PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
0 0 0 0	5 minutes		0 0 0 0
A 1 1 1 1	10 minutes		A 1 1 1 1
B 2 2 2 2	15 minutes		B 2 2 2 2
C 3 3 3 3	20 minutes		C 3 3 3 3
D 4 4 4 4	30 minutes		D 4 4 4 4
E 5 5 5 5	45 minutes		E 5 5 5 5
F 6 6 6 6	1 hour		F 6 6 6 6
G 7 7 7 7	1 hour/30 minutes		G 7 7 7 7
H 8 8 8 8	2 hours		H 8 8 8 8
I 9 9 9 9	2 hours/30 minutes		I 9 9 9 9
J	3 hours		J
K	3 hours/30 minutes		K
L	4 hours		L
M	4 hours/30 minutes		M
N			N
O			O
P			P
Q			Q
R			R
S			S
T			T
U			U
V			V
W			W
X			X
Y			Y
Z			Z

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? ☐ YES ☐ NO

If yes, have you treated this patient for this problem before? ☐ YES ☐ NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision ☐ Consultation ☐ Procedure/Treatment ☐ Other ☐

MARK ONLY ONE

TODAY'S DATE

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

SPONSOR'S SSN

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT INFORMATION

FMP	BIRTHDAY	MONTH	YEAR
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance ☐ Acute problem ☐ Chronic Problem ☐ Trauma/Injury follow-up ☐ Surgical follow-up ☐

DISPOSITION

Discharged from clinic ☐ Return PRN ☐ Return appointment ☐ Admitted ☐ Expired ☐

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5

6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5

6 7 8 9 +

X RAYS

Plain films ☐ Barium study ☐ IVP ☐ CT scan ☐ MR scan ☐ Ultrasound ☐ Nuclear med scan ☐ Angiographic study ☐ Other ☐

OTHER

Adaptive appliance/equip. ☐ EEG ☐ EKG ☐ Pul function ☐ EMG ☐

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic ☐ Referred to VA ☐ Referred to other Fed. Fac. ☐ Referred to civilian provider ☐ Referred to civ. Health Dept ☐ Letters/Forms ☐ Supplemental care ☐ Champus for the handicapped ☐ Other Champus ☐ Quarters (military) ☐ Home (non-military) ☐ Work w/limitations ☐ Profile ☐ Specific preassigned clinic codes ☐

1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
B A A A	A A A A
B B B B	B B B B
D C C C	B C C C
D D D D	D D D D
F E E E	C E E E
F F F F	F F F F
S G G G	F G G G
H H H H	H H H H
I I I I	S I I I
J J J J	J J J J
K K K K	K K K K
L L L L	L L L L
M M M M	M M M M
N N N N	N N N N
O O O O	O O O O
P P P P	P P P P
Q Q Q Q	Q Q Q Q
R R R R	R R R R
S S S S	S S S S
T T T T	T T T T
U U U U	U U U U
V V V V	V V V V
W W W W	W W W W
X X X X	X X X X
Y Y Y Y	Y Y Y Y
Z Z Z Z	Z Z Z Z

PLACE OF VISIT

Clinic/Office ☐ Ward ☐ Telephone ☐ Home ☐ Other ☐

1 2 3 4 5

APPOINTMENT STATUS

Scheduled ☐ Unscheduled ☐ Emergency ☐

STATUS OF VISIT

1. Patient seen this clinic last 12 months

Yes
No

2. Patient being seen for new problem?

Yes
No

000264

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

EVALUATION/SERVICES/PROCEDURES		(MARK AS MANY AS APPLICABLE)	ADDITIONAL PROCEDURES	
			1	2
<input type="checkbox"/> 82504 BINOCULAR MICROSCOPY	<input type="checkbox"/> 31031 CALDWELL-LUC (BILAT)	<input type="checkbox"/> 95150 ALLERGEN(S) IMMUNOTHERAPY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 82533 CALORIC TESTING	<input type="checkbox"/> 31030 CALDWELL-LUC (UNI/LAT)	<input type="checkbox"/> 42860 DRL & CATH-SALIVARY DUCT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89811 CAUTERY PERFORATION W/TISS CNFT	<input type="checkbox"/> 30902 CTRL MEMO NASAL ANT (BILAT)	<input type="checkbox"/> 43450 ESOPHAGEAL DILATION, INDIRECT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 82544 ELECTRONYSTAGMOGRAPHY	<input type="checkbox"/> 30901 CTRL MEMO NASAL ANT (UNI/LAT)	<input type="checkbox"/> 43200 ESOPHAGOSCOPY-POST LARYNG DIAG	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89000 I&D ABSCESS/HEMATOMA, EXT EAR	<input type="checkbox"/> 30906 CTRL MEMO NASAL POST W/AP PACK	<input type="checkbox"/> 43202 E-OSCOPY-POST LARYNG BIOPSY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 82548 OTONEUROLOGICAL EVAL-VERTIGO	<input type="checkbox"/> 30116 EXC NASAL POLYP, BILAT (EXTEN)	<input type="checkbox"/> 43220 E-OSCOPY-POST LARYNG W/DILATION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89424 PE TUBE REMOVAL	<input type="checkbox"/> 30111 EXC NASAL POLYP, BILAT (SIMPL)	<input type="checkbox"/> 43215 E-OSCOPY-POST LARYNG REMOVE FB	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89205 REMOVE FB (EXT EAR) W/GEN ANES	<input type="checkbox"/> 30115 EXC NASAL POLYP, UNI/LAT (EXTEN)	<input type="checkbox"/> 88170 FINE NEEDLE ASPIRATION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89200 W/O GEN ANES	<input type="checkbox"/> 30110 EXC NASAL POLYP, UNI/LAT (SIMPL)	<input type="checkbox"/> 42700 I&D PERITONSILLAR ABSCESS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89210 REMOVAL IMPACTED CERUMEN	<input type="checkbox"/> 31001 MAXILLARY SINUS IRRIGAT BILAT	<input type="checkbox"/> 95015 INTRADERMAL SKIN TEST TO 30	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89880 STAPEDECTOMY	<input type="checkbox"/> 31000 MAXILLARY SINUS IRRIGAT UNI/LAT	<input type="checkbox"/> 31575 LARYNGOSCOPY, DIAG FLEX SCOPE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 12009 SUTURE, EAR	<input type="checkbox"/> 31021 NASAL ANTRAL WINDOW BILAT	<input type="checkbox"/> 31515 LARYNGOSCOPY, DIRECT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89832 T-PLASTY W/OSSICULAR RECONST	<input type="checkbox"/> 31020 NASAL ANTRAL WINDOW UNI/LAT	<input type="checkbox"/> 31535 OPERATIVE W/BIOPSY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89831 T-PLASTY W/O OSSICULAR RECONST	<input type="checkbox"/> 30840 NASAL ANTHROSCOPY	<input type="checkbox"/> 31545 OPERATIVE W/LASER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89437 T-OSTOMY SURG BILAT (GEN ANES)	<input type="checkbox"/> 21320 NASAL FX CLOSED REDUCTION	<input type="checkbox"/> 31505 LARYNGOSCOPY, INDIRECT, DIAG	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89438 T-OSTOMY SURG UNI/LAT (GEN ANES)	<input type="checkbox"/> 30300 REMOVAL OF FB-INTRANASAL	<input type="checkbox"/> 82611 NASOPHARYNGOSCOPY W/FIBER SCOPE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89434 T-OSTOMY BILAT (LOCAL)	<input type="checkbox"/> 30450 RHINOPLASTY, MAJ W/OSTEOTOMIES	<input type="checkbox"/> 95004 PRICK TEST TO 80	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89433 T-OSTOMY UNI/LAT (LOCAL)	<input type="checkbox"/> 30400 RHINOPLASTY, PRIMARY	<input type="checkbox"/> 42822 TLA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30100 BIOPSY (INTRANASAL)	<input type="checkbox"/> 30520 SEPTOPLASTY	<input type="checkbox"/> 15820 BLEPHAROPLASTY, LOWER LIDS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 42832 ADENOIDECTOMY, PRIMARY	<input type="checkbox"/> 15822 BLEPHAROPLASTY, UPPER LIDS	<input type="checkbox"/>	<input type="checkbox"/>
RULE OUT				
<input type="checkbox"/> 1°	<input type="checkbox"/> 2°			
<input type="checkbox"/> 22511 ACUSTIC NEUROMA	<input type="checkbox"/> 87321 DEVIATED SEPTUM, TRAUMATIC	<input type="checkbox"/> 52781 MUCOCELE (LIP)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 87201 ACUTE AURICULAR LACERATION	<input type="checkbox"/> 7847 EPISTAXIS	<input type="checkbox"/> 475 PERITONSILLAR ABSCESS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 87202 ACUTE CANAL LACERATION	<input type="checkbox"/> 832 FOREIGN BODY, NOSE	<input type="checkbox"/> 30072 PHANTOM LUMP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 38531 ATTIC RETRAC W/CHOLESTEATOMA	<input type="checkbox"/> 8020 FRACTURE NASAL BONE (CLOSED)	<input type="checkbox"/> 482 PHARYNGITIS (ACUTE)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 38589 ATTIC RETRAC W/O CHOLESTEATOMA	<input type="checkbox"/> 4780 HYPERTROPHIC TURBINATES	<input type="checkbox"/> 47824 RETROPHARYNGEAL ABSCESS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 74402 AURAL ATRESIA CONGENITAL	<input type="checkbox"/> 8732 LACERATIONS, NASAL	<input type="checkbox"/> 5272 SIALOADENITIS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 74408 AURAL ATRESIA ACQUIRED	<input type="checkbox"/> 7380 NASAL DEFORMITY, ACQUIRED	<input type="checkbox"/> 5275 SIALOLITHIASIS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9930 BAROTRAUMA, OTIC	<input type="checkbox"/> 7481 NASAL DEFORMITY, CONGENITAL	<input type="checkbox"/> 2104 SQUAMOUS PAPILLOMA-ORAL CAV	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 38611 BENIGN PAROXYSMAL POSIT VERTIGO	<input type="checkbox"/> 471 NASAL POLYP	<input type="checkbox"/> 5280 STOMATITIS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 38401 BULLOUS MYRINGITIS	<input type="checkbox"/> 47810 NASAL SEPTAL ABSCESS	<input type="checkbox"/> 47481 TONSILLAR TAG	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 38010 CELLULITIS, EAR	<input type="checkbox"/> 9200 NASAL SEPTAL HEMATOMA	<input type="checkbox"/> 483 TONSILLITIS (ACUTE)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3804 CERUMEN, IMPACTED	<input type="checkbox"/> 47380 POSTNASAL DRAINAGE	<input type="checkbox"/> 4741 TONSILS/ADENOID-HYPERTROPHY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 38530 CHOLESTEATOMA (UNSPEC)	<input type="checkbox"/> 9981 POSTOP HEMORRHAGE	<input type="checkbox"/> 51911 TRACHEAL STENOSIS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7443 CONGENITAL MALFORMATIONS, EAR	<input type="checkbox"/> 477 RHINITIS, ALLERGIC	<input type="checkbox"/> 4641 TRACHEITIS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 74403 CONGENITAL MIDDLE EAR DEFORMITY	<input type="checkbox"/> 47203 RHINITIS, MEDICAMENTOSA	<input type="checkbox"/> 4785 VOCAL CORD NODULES	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 74428 CONGENITAL PROTRUD EAR (ILOP EAR)	<input type="checkbox"/> 47202 RHINITIS, SICCA	<input type="checkbox"/> 21211 VOCAL CORD PAPILLOMA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 38181 EUSTACHIAN TUBE DYSFUNCTION	<input type="checkbox"/> 47791 RHINITIS, VASOMOTOR	<input type="checkbox"/> 4783 VOCAL CORD PARALYSIS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 931 FOREIGN BODY, EAR	<input type="checkbox"/> 69531 RHINOPHYMA	<input type="checkbox"/> 47835 VOCAL CORD PARALYSIS, IATROGENIC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3890 HEARING LOSS, CONDUCTIVE	<input type="checkbox"/> 47812 SEPTAL PERFORATIONS	<input type="checkbox"/> 95905 VOCAL CORD PARALYSIS, TRAUMATIC/ACUTE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3899 HEARING LOSS, DEAFNESS, NOS	<input type="checkbox"/> 4812 SINUSITIS, ETHMOIDAL, ACUTE	<input type="checkbox"/> 4784 VOCAL CORD POLYPS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3892 HEARING LOSS, MIXED	<input type="checkbox"/> 4732 SINUSITIS, ETHMOIDAL, CHRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GASTROENTEROLOGY PATIENT

PROVIDER

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	5 minutes	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	10 minutes	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	15 minutes	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
(3) (3) (3) (3) (3) (3) (3) (3) (3) (3)	20 minutes	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(3) (3) (3) (3) (3) (3) (3) (3) (3) (3)
(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	30 minutes	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	45 minutes	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)
(6) (6) (6) (6) (6) (6) (6) (6) (6) (6)	1 hour	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(6) (6) (6) (6) (6) (6) (6) (6) (6) (6)
(7) (7) (7) (7) (7) (7) (7) (7) (7) (7)	1 hour/30 minutes	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(7) (7) (7) (7) (7) (7) (7) (7) (7) (7)
(8) (8) (8) (8) (8) (8) (8) (8) (8) (8)	2 hours	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(8) (8) (8) (8) (8) (8) (8) (8) (8) (8)
(9) (9) (9) (9) (9) (9) (9) (9) (9) (9)	2 hours/30 minutes	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(9) (9) (9) (9) (9) (9) (9) (9) (9) (9)
(0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	3 hours	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(0) (0) (0) (0) (0) (0) (0) (0) (0) (0)
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	3 hours/30 minutes	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	4 hours	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
(3) (3) (3) (3) (3) (3) (3) (3) (3) (3)	4 hours/30 minutes	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(3) (3) (3) (3) (3) (3) (3) (3) (3) (3)

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
Consultation
Procedure/Treatment
Other

MARK ONLY ONE

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

- ☐ Health maintenance
☐ Acute problem
☐ Chronic Problem
☐ Trauma/Injury follow-up
☐ Surgical follow-up

DISPOSITION

- ☐ Discharged from clinic
☐ Return PRN
☐ Return appointment
☐ Admitted
☐ Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5
6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5
6 7 8 9 +

X RAYS

- ☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

- ☐ Adaptive appliance/equip.
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

- ☐ Referred to other clinic
☐ Referred to VA
☐ Referred to other Fed. Fac.
☐ Referred to civilian provider
☐ Referred to civ. Health Dept.
☐ Letters/Forms
☐ Supplemental care
☐ Champus for the handicapped
☐ Other Champus
☐ Quarters (military)
☐ Home (non-military)
☐ Work w/limitations
☐ Profile
☐ Specific preassigned clinic codes

(MARK AS MANY AS APPLICABLE)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA



PATIENT

DATE

DAY MONTH YEAR

SPONSOR'S SSN

PATIENT INFORMATION

PROV DAY MONTH YEAR

ADMINISTRATION

CLINIC CODE

INPATIENT OR REFERRAL CODE

PLACE OF VISIT

☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

APPOINTMENT STATUS

☐ Scheduled
☐ Unscheduled
☐ Emergency

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

- ☐ Yes
☐ No

2. Patient being seen for new problem?

- ☐ Yes
☐ No

000318

EVALUATION SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

91085 BREATH HYDROGEN ANALYSIS

ESOPHAGOSCOPY

- 43202 W/BIOPSY/CYTOTOLOGY
43220 W/DILATION OF STRICTURE
43215 W/FOREIGN BODY REMOVAL
43204 W/SCLEROTHERAPY OF VARICES
43200 DIAGNOSTIC

ESOPHAGOGASTRODUODENOSCOPY

- 43246 W/BALLOON DILATION-PYLORUS
43239 W/BIOPSY/CYTOTOLOGY
43251 W/POLYPECTOMY
43268 W/BILIARY STENT PLACEMENT
43265 W/CANNULATION-AMPULLA OF VATER
43260 W/CONTRAST INJECT-EITHER
PANCREATIC OR BILE DUCT
43281 W/CONTRAST INJECT-BOTH
PANCREATIC & BILE DUCT
43262 W/PAPILLOSTOMY

COLONOSCOPY BEYOND 25CM &
BELOW SPLENIC FLEXURE

- 45366 W/BIOPSY
45370 W/POLYPECTOMY
45373 W/POLYPECTOMY, MULT
45330 FLEXIBLE SIGMOIDOSCOPY
45380 W/BIOPSY
45386 W/POLYPECTOMY
45387 W/POLYPECTOMY, MULTIPLE
44381 ENDOSCOPY W/BIOPSY, SMALL BOWEL
45306 PROCTOSCOPY, RIGID W/BIOPSY

COLONOSCOPY BEYOND SPLENIC
FLEXURE

- 45380 W/BIOPSY
45386 W/POLYPECTOMY
45387 W/POLYPECTOMY, MULTIPLE
44381 ENDOSCOPY W/BIOPSY, SMALL BOWEL
45306 PROCTOSCOPY, RIGID W/BIOPSY

LAPAROSCOPY

- 49304 W/LIVER BIOPSY
49301 W/PERITONEAL BIOPSY
47000 LIVER BIOPSY, PERCUTANEOUS
49080 PARACENTESIS, ABDOMINAL

ESOPHAGEAL DILATION

- 43455 W/BALLOON (STARK DILATOR)
43452 W/MERCURY WEIGHTED BOUGIE
43453 W/METAL OLIVE
81030 ESOPH ACID INFUS-BERNSTEIN TST
81012 ESOPH MOTILITY
81033 ESOPH PH MONITORING, PROLONGED
43460 ESOPH TAMPONADE W/BALLOON

GASTRIC ANALYSIS

- 81052 W/PENTAGASTRIN
81053 W/SHAM FEEDING
89100 DUODENAL DRAINAGE
89101 SECRETIN TEST

1										2									
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

RULE OUT

1° 2°

- 5300 ACHALASIA
53051 MOTOR DISORDER NON-SPECIFIC
5303 ESOPHAGEAL RING
4561 ESOPHAGEAL VARICES
53012 CAUSTIC
53010 INFECTIONS
5301 REFLUX
5307 HEMORRHAGE, MALLORY/WEISS TEAR
5533 HIATAL HERNIA
2110 BENIGN
1509 MALIGNANT
5378 STRICTURE, PEPTIC

STOMACH

- 5356 DUODENITIS
53561 DUODENITIS W/HEMORRHAGE
5350 GASTRITIS
53501 GASTRITIS W/HEMORRHAGE
5780 HEMATEMESIS
5781 MELENA
2111 BENIGN
1519 MALIGNANT
5642 POST-GASTRECTOMY SYNDROME
53680 STASIS/RETENTION
532 DUODENAL ULCER
5324 W/HEMORRHAGE
53291 W/OBSTRUCTION
5325 W/PERFORATION
531 GASTRIC ULCER
5314 W/HEMORRHAGE
5315 W/PERFORATION
57895 OCCULT BLEEDING, GI
57894 VASCULAR ANOMALY W/HEMORRHAGE
5369 OTHER STOMACH DISORDERS

- 5559 CROHN'S DISEASE
5620 DIVERTICULUM
5789 MALABSORPTION DISORDER
56490 MOTILITY DISORDER
21121 BENIGN
152 MALIGNANT
5601 PARALYTIC ILEUS
0093 PRESUMED INFECTION DISEASE
0090 PROVEN INFECTION DISEASE
5650 ANAL FISSURE
5651 ANAL FISTULA
6980 PURITIS, ANI
0091 INFECTIOUS (PRESUMED)
00901 INFECTIOUS (PROVEN)
5561 ULCERATIVE, IDIOPATHIC
5551 CROHN'S
56211 DIVERTICULITIS
56210 DIVERTICULOSIS
4556 HEMORRHOIDS
5641 IRRITABLE BOWEL SYNDROME
2113 NEOPLASM, BENIGN (POLYP)
2303 CARCINOMA IN-SITU
1541 RECTUM
1533 SIGMOID COLON
1532 DESCENDING COLON
1531 TRANSVERSE COLON
1536 ASCENDING COLON
1534 CECUM
1535 APPENDIX
56948 PROCTITIS

RECTUM

- 5650 ANAL FISSURE
5651 ANAL FISTULA
6980 PURITIS, ANI
0091 INFECTIOUS (PRESUMED)
00901 INFECTIOUS (PROVEN)
5561 ULCERATIVE, IDIOPATHIC
5551 CROHN'S
56211 DIVERTICULITIS
56210 DIVERTICULOSIS
4556 HEMORRHOIDS
5641 IRRITABLE BOWEL SYNDROME
2113 NEOPLASM, BENIGN (POLYP)
2303 CARCINOMA IN-SITU
1541 RECTUM
1533 SIGMOID COLON
1532 DESCENDING COLON
1531 TRANSVERSE COLON
1536 ASCENDING COLON
1534 CECUM
1535 APPENDIX
56948 PROCTITIS

NEOPLASM, MALIGNANT

- 1670 HEAD
1671 BODY
1572 TAIL
1573 PANCREATIC DUCT
1574 ISLETS OF LANGERHANS
1578 OTHER SPEC SITE, PANCREAS
1579 PANCREAS, PART UNSPEC
57781 PANCREATIC INSUFFICIENCY
5770 ACUTE
5771 CHRONIC
5772 W/PSEUDOCYST/COMPLICATION

BILIARY TRACT

- 57610 ACUTE
57611 CHRONIC SCLEROSING
5750 ACUTE
57510 CHRONIC
5745 CHOLEDOCHOLITHIASIS
23903 NEOPLASM
5769 OTHER DISORDER, BILIARY TRACT

CHOLANGITIS

- 57610 ACUTE
57611 CHRONIC SCLEROSING
5750 ACUTE
57510 CHRONIC
5745 CHOLEDOCHOLITHIASIS
23903 NEOPLASM
5769 OTHER DISORDER, BILIARY TRACT

CHOLECYSTITIS

- 5750 ACUTE
57510 CHRONIC
5745 CHOLEDOCHOLITHIASIS
23903 NEOPLASM
5769 OTHER DISORDER, BILIARY TRACT

BILIRUBIN METABOLISM, ABN

- 27741 CIRRHOSIS
5712 ALCOHOLIC CIRRHOSIS
5710 ALCOHOLIC FATTY LIVER
5716 PRIMARY BILIARY
45620 W/BLEEDING VARICES
5723 W/PORTAL HYPERTENSION
5715 OTHER
5718 FATTY LIVER W/O ALCOHOL
57221 HEPATIC ENCEPHALOPATHY
5701 HEPATIC FAILURE, ACUTE
V0171 HEPATITIS EXPOSURE
5724 HEPATORENAL SYNDROME
HEPATITIS, ACUTE
0701 VIRAL, TYPE A
0703 VIRAL, TYPE B
0705 VIRAL, NON-A/NON-B
5711 ALCOHOLIC
57332 TOXIC
070 VIRAL NOS
HEPATITIS, CHRONIC
57141 PERSISTENT
57142 ACTIVE, VIRAL
57331 ACTIVE, DRUG INDUCED
NEOPLASM
2115 BENIGN
1977 MALIGNANT, METASTATIC
1550 MALIGNANT, PRIMARY
5739 OTHER, LIVER DIS
V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX

(if not listed in columns above)

PRIMARY DX										SECONDARY DX									
V	0	0	0	0	0	0	0	0	0	V	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

GENERAL MEDICINE PATIENT

1. CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	2. CARE PROVIDER	
		5 minutes			
		10 minutes			
		15 minutes			
		20 minutes			
		30 minutes			
		45 minutes			
		1 hour			
		1 hour/30 minutes			
		2 hours			
		2 hours/30 minutes			
		3 hours			
		3 hours/30 minutes			
		4 hours			
		4 hours/30 minutes			
PROV #1		PROV #2			
YES NO		YES NO			
Have you seen this patient before?					
If yes, have you treated this patient for this problem before?					
REASON FOR #2 CARE PROVIDER					
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other					
MARK ONLY ONE					

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance
☐ Acute problem
☐ Chronic Problem
☐ Trauma/Injury follow-up
☐ Surgical follow-up

DISPOSITION

☐ Discharged from clinic
☐ Return PRN
☐ Return appointment
☐ Admitted
☐ Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5
6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5
6 7 8 9 +

X RAYS

☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

☐ Adaptive appliance/equip.
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

☐ Referred to other clinic
☐ Referred to VA
☐ Referred to other Fed. Fac.
☐ Referred to civilian provider
☐ Referred to civ. Health Dept.
☐ Letters/Forms
☐ Supplemental care
☐ Champus for the handicapped
☐ Other Champus
☐ Quarters (military)
☐ Home (non-military)
☐ Work w/limitations
☐ Profile
☐ Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



PATIENT

DATE

DAY MONTH YEAR

PATIENT INFORMATION

DOB

DAY MONTH YEAR

SPONSOR'S SIGN

DAY MONTH YEAR

ADMINISTRATION

UOA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
B: (A) (A) (A)	A: (A) (A) (A)
(B) (B) (B)	(B) (B) (B)
D: (C) (C) (C)	B: (C) (C) (C)
(D) (D) (D)	(C) (C) (C)
F: (E) (E) (E)	C: (E) (E) (E)
(F) (F) (F)	(E) (E) (E)
H: (G) (G) (G)	F: (G) (G) (G)
(H) (H) (H)	(G) (G) (G)
J: (I) (I) (I)	G: (I) (I) (I)
(J) (J) (J)	(I) (I) (I)
L: (K) (K) (K)	H: (K) (K) (K)
(L) (L) (L)	(K) (K) (K)
M: (N) (N) (N)	I: (N) (N) (N)
(M) (M) (M)	(N) (N) (N)
O: (P) (P) (P)	J: (P) (P) (P)
(O) (O) (O)	(P) (P) (P)
R: (Q) (Q) (Q)	K: (Q) (Q) (Q)
(R) (R) (R)	(Q) (Q) (Q)
S: (T) (T) (T)	L: (T) (T) (T)
(S) (S) (S)	(T) (T) (T)
U: (V) (V) (V)	M: (V) (V) (V)
(U) (U) (U)	(V) (V) (V)
V: (W) (W) (W)	N: (W) (W) (W)
(V) (V) (V)	(W) (W) (W)
X: (Y) (Y) (Y)	O: (Y) (Y) (Y)
(X) (X) (X)	(Y) (Y) (Y)
Z: (Z) (Z) (Z)	P: (Z) (Z) (Z)
(Z) (Z) (Z)	(Z) (Z) (Z)

PLACE OF VISIT

☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

1 2 3 4 5

APPOINTMENT STATUS

☐ Scheduled
☐ Unscheduled
☐ Emergency

MAI ONI ON

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
No

2. Patient being seen for new problem?

Yes
No

000370

EVALUATION, SERVICES, PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
<input type="checkbox"/> 20601 ARTHROCENTESIS <input type="checkbox"/> 11100 BIOPSY <input type="checkbox"/> 20220 BIOPSY, BONE/MARROW <input type="checkbox"/> 90011 DRESSING CHANGE <input type="checkbox"/> 69212 EAR IRRIGATION <input type="checkbox"/> 93000 EKG W/INTERPRETATION <input type="checkbox"/> 82270 HEMOCULT <input type="checkbox"/> 10060 I&O <input type="checkbox"/> 90720 IMMUNIZATIONS <input type="checkbox"/> 90745 INJECTION/OBSERV <input type="checkbox"/> 87220 KDM <input type="checkbox"/> 99190 NASAL SMEAR <input type="checkbox"/> 99157 NURSE PATIENT COUNSELING <input type="checkbox"/> 90030 PRESCRIPTION REFILL W/O EXAM	<input type="checkbox"/> 45300 PROCTOSCOPY/SIGMOID <input type="checkbox"/> 90700 SHOT RECORD REVIEW <input type="checkbox"/> 94010 SPIROMETRY <input type="checkbox"/> 93015 STRESS TEST (TREADMILL) <input type="checkbox"/> 86580 TB SKIN TEST, INTRADERM (ADMIN) <input type="checkbox"/> 86582 TB TEST (READ) <input type="checkbox"/> 99076 TEACHING (BREAST SELF EXAM) <input type="checkbox"/> 99077 TEACHING (SELF TESTICULAR EXAM) <input type="checkbox"/> 99083 TEACHING (OTHER) <input type="checkbox"/> 87080 THROAT CULTURE <input type="checkbox"/> 81000 URINALYSIS (DP & SPIN) <input type="checkbox"/> 97284 VAGINAL SMEAR <input type="checkbox"/> 97218 WET MOUNT	<input type="checkbox"/> 80085 EXAM, PHYS MIL, INCL RETIRMENT <input type="checkbox"/> 90024 EXAM, GENERAL MEDICAL FLIGHT PHYSICAL <input type="checkbox"/> 80081 1/1A <input type="checkbox"/> 80083 CLASS 2&3 TYPE B <input type="checkbox"/> 80084 INTERIM CLASS 2&3/FAA3 <input type="checkbox"/> 80025 PAP & PELVIC <input type="checkbox"/> 80019 RTN WORK <input type="checkbox"/> 80014 SCREENING, HEARING EVAL <input type="checkbox"/> 92003 VISUAL ACUTY	<input type="checkbox"/> 3019 PERSONALITY DISORDER <input type="checkbox"/> 2900 SENILE DEMENTIA <input type="checkbox"/> 3099 SITUATIONAL ADJUSTMENT REACTION <input type="checkbox"/> 78053 SLEEP APNEA <input type="checkbox"/> 30590 SUBSTANCE ABUSE ENDOCRINE/METABOLIC <input type="checkbox"/> 6260 AMENORRHEA <input type="checkbox"/> 25001 DIABETES MELLITUS-TYPE I (ID) <input type="checkbox"/> 25000 DIABETES MELLITUS-TYPE II (MID) <input type="checkbox"/> 24091 GOITER <input type="checkbox"/> 274 GOUT <input type="checkbox"/> 2420 GRAVES' DISEASE/HYPERTHYROID <input type="checkbox"/> 2724 HYPERLIPIDEMIA <input type="checkbox"/> 2520 HYPERPARATHYROIDISM <input type="checkbox"/> 79081 HYPERURICEMIA <input type="checkbox"/> 2512 HYPOGLYCEMIA <input type="checkbox"/> 2521 HYPOPARATHYROIDISM <input type="checkbox"/> 2449 HYPOTHYROIDISM <input type="checkbox"/> 30278 IMPOTENCE, NON ORGANIC <input type="checkbox"/> 60784 IMPOTENCE, ORGANIC <input type="checkbox"/> 628 INFERTILITY (FEMALE) <input type="checkbox"/> 606 INFERTILITY (MALE) <input type="checkbox"/> 2780 OBESITY <input type="checkbox"/> 2410 THYROID NODULE GENERAL <input type="checkbox"/> 7599 CONGENITAL ANOMALY (UNSPEC) <input type="checkbox"/> 7807 FATIGUE/MALAISE <input type="checkbox"/> 7806 FEVER <input type="checkbox"/> 005 IMMUNIZATION <input type="checkbox"/> 075 INFECTIOUS MONO <input type="checkbox"/> 0700 MEDICAL EXAM <input type="checkbox"/> 30510 SMOKING EXCESS <input type="checkbox"/> 7832 WEIGHT LOSS LABORATORY ABNORMALITY <input type="checkbox"/> 79431 ABNORMAL EKG <input type="checkbox"/> 796 ABNORMAL LAB <input type="checkbox"/> 280 ANEMIA, IRON DEFICIENCY <input type="checkbox"/> 2826 ANEMIA, SICKLE CELL <input type="checkbox"/> 285 ANEMIA, UNSPEC <input type="checkbox"/> V655 NO PROBLEM NOTED	
RULE OUT <input type="checkbox"/> 1° <input type="checkbox"/> 2°				
<input type="checkbox"/> 7061 ACNE <input type="checkbox"/> 691 ATOPIC DERMATITIS <input type="checkbox"/> 68092 CARBUNCLE, FURUNCLE <input type="checkbox"/> 1129 CANDIDIASIS, NOS <input type="checkbox"/> 692 CELLULITIS/ABSCCESS <input type="checkbox"/> 700 CORNS/CALLOSITIES <input type="checkbox"/> 1119 DERMATOMYCOSIS <input type="checkbox"/> 9952 DRUG HYPERSENSITIVITY/ADV REACT <input type="checkbox"/> 68611 GRANULOMA, NOS <input type="checkbox"/> 0539 HERPES ZOSTER <input type="checkbox"/> 78562 LYMPHADENOPATHY, INGUINAL <input type="checkbox"/> 6918 NEURODERMATITIS <input type="checkbox"/> 6989 PRURITIS <input type="checkbox"/> 696 PSORIASIS <input type="checkbox"/> 7821 RASHES, OTHER <input type="checkbox"/> 708 URTICARIA ENT <input type="checkbox"/> 3883 ACUTE LABYRINTHITIS <input type="checkbox"/> 462 ACUTE PHARYNGITIS <input type="checkbox"/> 461 ACUTE SINUSITIS <input type="checkbox"/> 477 ALLERGIC RHINITIS (HAY FEVER) <input type="checkbox"/> 7862 COUGH <input type="checkbox"/> 37230 CONJUNCTIVITIS <input type="checkbox"/> 7847 EPISTAXIS <input type="checkbox"/> 3899 HEARING LOSS <input type="checkbox"/> 3801 OTITIS EXTERNA <input type="checkbox"/> 3829 OTITIS MEDIA <input type="checkbox"/> 36791 REFRACTIVE ERROR <input type="checkbox"/> 0340 STREP THROAT <input type="checkbox"/> 4659 URI HEENT <input type="checkbox"/> 7859 BRUIT <input type="checkbox"/> 7231 CERVICAL PAIN <input type="checkbox"/> 78561 CERVICAL LYMPHADENOPATHY HEENT <input type="checkbox"/> 2172 FIBROADENOMA <input type="checkbox"/> 61011 FIBROCYSTIC DISEASE <input type="checkbox"/> 1749 MALIGNANT NEOPLASM, FEMALE <input type="checkbox"/> 1759 MALIGNANT NEOPLASM, MALE <input type="checkbox"/> 61179 NIPPLE DISCHARGE <input type="checkbox"/> 6119 OTHER BREAST DISEASE CHEST <input type="checkbox"/> 4660 ACUTE BRONCHITIS <input type="checkbox"/> 493 ASTHMA <input type="checkbox"/> 494 BRONCHIECTASIS <input type="checkbox"/> 78652 CHEST WALL PAIN, NOS <input type="checkbox"/> 496 COPD <input type="checkbox"/> 7863 HEMOPTYSIS <input type="checkbox"/> 5150 INTERSTITIAL PNEUMONITIS <input type="checkbox"/> 486 PNEUMONIA <input type="checkbox"/> 512 PNEUMOTHORAX <input type="checkbox"/> 51881 PULMONARY NODULE <input type="checkbox"/> 0119 TUBERCULOSIS, PULMONARY CHEST <input type="checkbox"/> 413 ANGINA PECTORIS <input type="checkbox"/> 42761 ARRHYTHMIA-SUPRAVENTRICULAR <input type="checkbox"/> 42791 ARRHYTHMIA-CARDIAC <input type="checkbox"/> 7885 CHEST PAIN <input type="checkbox"/> 7469 CONGENITAL HEART DISEASE	<input type="checkbox"/> 4289 HEART FAILURE <input type="checkbox"/> 401 HYPERTENSION, ESSENTIAL <input type="checkbox"/> 402 HYPERTENSION W/CARDIOVAS DIS <input type="checkbox"/> 42403 MITRAL VALVE PROLAPSE <input type="checkbox"/> 7851 PALPITATIONS <input type="checkbox"/> 4439 PERIPHERAL VASCULAR DISEASE <input type="checkbox"/> 39890 RHD (UNSPEC) <input type="checkbox"/> 42490 OTHER VALVULAR DISEASE HEENT <input type="checkbox"/> 7890 ABDOMINAL PAIN <input type="checkbox"/> 5850 ANAL FISSURE <input type="checkbox"/> 1540 CANCER, COLON W/RECTUM <input type="checkbox"/> 1519 CANCER, GASTRIC <input type="checkbox"/> 1852 CANCER, OTHER ABD <input type="checkbox"/> 6750 CHOLECYSTITIS, ACUTE <input type="checkbox"/> 5742 CHOLELITHIASIS <input type="checkbox"/> 5559 CROHN'S DISEASE <input type="checkbox"/> 5712 CIRRHOSIS, ALCOHOLIC <input type="checkbox"/> 5715 CIRRHOSIS (LIVER W/O ALCOHOL) <input type="checkbox"/> 5840 CONSTIPATION <input type="checkbox"/> 65891 DIARRHEA <input type="checkbox"/> 58210 DIVERTICULOSIS <input type="checkbox"/> 7872 DYSPHAGIA <input type="checkbox"/> 5533 ESOPHAGEAL/HIATUS HERNIA <input type="checkbox"/> 5369 FUNCTIONAL DISORDER STOMACH <input type="checkbox"/> 55890 GASTROENTERITIS <input type="checkbox"/> 5780 HEMATEMESIS <input type="checkbox"/> 4556 HEMORRHOID W/O COMPLICATIONS <input type="checkbox"/> 0701 HEPATITIS A <input type="checkbox"/> 0703 HEPATITIS B <input type="checkbox"/> 0705 HEPATITIS NON A NON B <input type="checkbox"/> 5714 HEPATITIS, CHRONIC <input type="checkbox"/> 5733 HEPATITIS, NON INFECTIOUS <input type="checkbox"/> 55380 HERNIA, ABDOMINAL <input type="checkbox"/> 5641 IRRITABLE BOWEL SYNDROME <input type="checkbox"/> 5739 LIVER DYSFUNCTION, OTHER <input type="checkbox"/> 7893 MASS, ABDOMINAL <input type="checkbox"/> 5781 MELENA <input type="checkbox"/> 7870 NAUSEA/VOMITING <input type="checkbox"/> 57895 OCCULT GI BLEEDING <input type="checkbox"/> 5779 PANCREATIC DISEASE <input type="checkbox"/> 129 PARASITES, INTESTINE NOS <input type="checkbox"/> 532 ULCER-DUODENAL <input type="checkbox"/> 531 ULCER-GASTRIC <input type="checkbox"/> 5581 ULCERATIVE COLITIS HEENT <input type="checkbox"/> 7850 ABNORMAL PAP SMEAR <input type="checkbox"/> 600 BENIGN PROSTATIC HYPERTROPHY <input type="checkbox"/> V2509 CONTRACEPTIVE GUIDANCE <input type="checkbox"/> 6269 DISORDERS OF MENSTRUATION <input type="checkbox"/> 7881 DYSURIA <input type="checkbox"/> 5809 GLOMERULONEPHRITIS, ACUTE <input type="checkbox"/> 5829 GLOMERULONEPHRITIS, CHRONIC <input type="checkbox"/> 098 GONORRHEA <input type="checkbox"/> 5997 HEMATURIA <input type="checkbox"/> 603 HYDROCELE <input type="checkbox"/> 7883 INCONTINENCE <input type="checkbox"/> 6278 MENOPAUSAL SYNDROME <input type="checkbox"/> 0994 NON-SPECIFIC URETHRITIS <input type="checkbox"/> 6149 PELVIC INFLAM DISEASE <input type="checkbox"/> 625 PELVIC PAIN (UNSPEC, FEMALE)	<input type="checkbox"/> 601 PROSTATITIS <input type="checkbox"/> 7910 PROTEINURIA <input type="checkbox"/> 585 RENAL FAILURE, CHRONIC <input type="checkbox"/> 60888 SCROTAL MASS <input type="checkbox"/> 0999 SEX TRANSM DISEASE (UNSPEC) <input type="checkbox"/> 1310 TRICHOMONIASIS <input type="checkbox"/> 5929 URINARY CALCULUS, UNSPEC <input type="checkbox"/> 5990 URINARY TRACT INFECTION <input type="checkbox"/> 1122 UROGENITAL CANDIDIASIS <input type="checkbox"/> 6235 VAGINAL DISCHARGE HEENT <input type="checkbox"/> 7194 ARTHRALGIA <input type="checkbox"/> 7245 BACK PAIN <input type="checkbox"/> 7273 BURSITIS <input type="checkbox"/> 7109 COLLAGEN DISEASE, UNSPEC <input type="checkbox"/> 71590 DEGENERATIVE JOINT DISEASE <input type="checkbox"/> 7823 EDEMA <input type="checkbox"/> 7290 FIBROSITIS <input type="checkbox"/> 71846 KNEE PAIN <input type="checkbox"/> 7291 MYALGIA <input type="checkbox"/> 451 PHLEBITIS (UNSPEC) <input type="checkbox"/> 7234 RADICULITIS, CERVICAL <input type="checkbox"/> 7140 RHEUMATOID ARTHRITIS <input type="checkbox"/> 7243 SCIATICA <input type="checkbox"/> 7101 SCLERODERMA <input type="checkbox"/> 71941 SHOULDER PAIN <input type="checkbox"/> 7100 SYSTEMIC LUPUS ERYTHEMATOSIS <input type="checkbox"/> 45981 VENOUS INSUFFICIENCY-PERIPH NEURO <input type="checkbox"/> 3419 DEMYELINATING/DEGENERATION DIS <input type="checkbox"/> 346 MIGRAINE <input type="checkbox"/> 78401 MUSCULOSKELETAL <input type="checkbox"/> 30781 TENSION <input type="checkbox"/> 7840 OTHER (UNSPEC) <input type="checkbox"/> 78201 PARESTHESIA <input type="checkbox"/> 332 PARKINSON'S DISEASE <input type="checkbox"/> 3569 PERIPHERAL NEUROPATHY <input type="checkbox"/> 7803 SEIZURE DISORDER, NOS <input type="checkbox"/> 436 STROKE/HEMIPARESIS(CVA) <input type="checkbox"/> 4359 TIA <input type="checkbox"/> 7810 TREMOR PSYCHIATRIC/SOCIAL <input type="checkbox"/> 30500 ALCOHOL ABUSE <input type="checkbox"/> 29100 ALCOHOL <input type="checkbox"/> WITHDRAWAL <input type="checkbox"/> 3000 ANXIETY <input type="checkbox"/> DISORDER <input type="checkbox"/> 311 DEPRESSION <input type="checkbox"/> 30070 HYPOCHONDRIASIS/ <input type="checkbox"/> SOMATIZATION <input type="checkbox"/> 78052 INSOMNIA <input type="checkbox"/> V6110 MARITAL PROBLEMS <input type="checkbox"/> 3109 ORGANIC BRAIN <input type="checkbox"/> SYNDROME <input type="checkbox"/> 9779 OVERDOSE/ <input type="checkbox"/> INGESTION		

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
0	0	5 minutes		0	0
1	1	10 minutes		1	1
2	2	15 minutes		2	2
3	3	20 minutes		3	3
4	4	30 minutes		4	4
5	5	45 minutes		5	5
6	6	1 hour		6	6
7	7	1 hour/30 minutes		7	7
8	8	2 hours		8	8
9	9	2 hours/30 minutes		9	9
		3 hours			
		3 hours/30 minutes			
		4 hours			
		4 hours/30 minutes			

PROV #1	PROV #2
YES NO	YES NO
Have you seen this patient before?	
If yes, have you treated this patient for this problem before?	

REASON FOR #2 CARE PROVIDER	
<input type="radio"/> Teaching/Supervision	MARK ONLY ONE
<input type="radio"/> Consultation	
<input type="radio"/> Procedure/Treatment	
<input type="radio"/> Other	

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)
<input type="radio"/> Health maintenance <input type="radio"/> Acute problem <input type="radio"/> Chronic Problem <input type="radio"/> Trauma/Injury follow-up <input type="radio"/> Surgical follow-up

DISPOSITION	MARK ONLY ONE
<input type="radio"/> Discharged from clinic	
<input type="radio"/> Return PRN	
<input type="radio"/> Return appointment	
<input type="radio"/> Admitted	
<input type="radio"/> Expired	

ORDERED OUT OF CLINIC
LAB
0 1 2 3 4 5
6 7 8 9 +
PRESCRIPTIONS
0 1 2 3 4 5
6 7 8 9 +
X RAYS
<input type="checkbox"/> Plain films <input type="checkbox"/> Barium study <input type="checkbox"/> IVP <input type="checkbox"/> CT scan <input type="checkbox"/> MR scan <input type="checkbox"/> Ultrasound <input type="checkbox"/> Nuclear med scan <input type="checkbox"/> Angiographic study <input type="checkbox"/> Other
OTHER
<input type="checkbox"/> Adaptive appliance/equip. <input type="checkbox"/> EEG <input type="checkbox"/> EKG <input type="checkbox"/> Pul function <input type="checkbox"/> EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION
(MARK AS MANY AS APPLICABLE)
<input type="radio"/> Referred to other clinic <input type="radio"/> Referred to VA <input type="radio"/> Referred to other Fed. Fac. <input type="radio"/> Referred to civilian provider <input type="radio"/> Referred to civ. Health Dept. <input type="radio"/> Letters/Forms <input type="radio"/> Supplemental care <input type="radio"/> Champus for the handicapped <input type="radio"/> Other Champus <input type="radio"/> Quarters (military) <input type="radio"/> Home (non-military) <input type="radio"/> Work w/limitations <input type="radio"/> Profile <input type="radio"/> Specific preassigned clinic codes
1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

GENERAL SURGERY PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN											
0	1	2	3	4	5	6	7	8	9	0	1
1	2	3	4	5	6	7	8	9	0	1	2
2	3	4	5	6	7	8	9	0	1	2	3
3	4	5	6	7	8	9	0	1	2	3	4
4	5	6	7	8	9	0	1	2	3	4	5
5	6	7	8	9	0	1	2	3	4	5	6
6	7	8	9	0	1	2	3	4	5	6	7
7	8	9	0	1	2	3	4	5	6	7	8
8	9	0	1	2	3	4	5	6	7	8	9

PATIENT INFORMATION			
FMP	BIRTHDATE		
	DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PLACE OF VISIT	MARK ONLY ONE
<input type="radio"/> Clinic/Office	
<input type="radio"/> Ward	
<input type="radio"/> Telephone	
<input type="radio"/> Home	
<input type="radio"/> Other	

APPOINTMENT STATUS	MARK ONLY ONE
<input type="radio"/> Scheduled	
<input type="radio"/> Unscheduled	
<input type="radio"/> Emergency	

STATUS OF VISIT
1. Patient seen this clinic last 12 months?
<input type="radio"/> Yes
<input type="radio"/> No
2. Patient being seen for new problem?
<input type="radio"/> Yes
<input type="radio"/> No

000164

(MARK AS MANY AS APPLICABLE)

1	2	3	4
---	---	---	---

- ☐ 54162 CIRCUMCISION, ADULT, CLAMP
- ☐ 54161 CIRCUMCISION, ADULT, NON-CLAMP
- ☐ 57450 CULDOSCOPY
- ☐ 38425 CUTDOWN
- ☐ 80011 DRESSING CHANGE
- ☐ 80024 EXAM, GENERAL MEDICAL
- ☐ 36415 VENIPUNCTURE, ROUTINE
- ☐ 36485 VESICAL CATHETERIZATION
- ☐ 52000 CYSTourethrosCOPY

- ☐ 54162 CIRCUMCISION, ADULT, CLAMP
- ☐ 54161 CIRCUMCISION, ADULT, NON-CLAMP
- ☐ 57450 CULDOSCOPY
- ☐ 38425 CUTDOWN
- ☐ 80011 DRESSING CHANGE
- ☐ 80024 EXAM, GENERAL MEDICAL
- ☐ 36415 VENIPUNCTURE, ROUTINE
- ☐ 36485 VESICAL CATHETERIZATION
- ☐ 52000 CYSTourethrosCOPY

Q1. Q2.

- ☐ 1876 PERITONEUM & RETROPERIT (SECONDARY)
- ☐ 1544 RECTOSIGMOID JUNCTION
- ☐ 1541 RECTUM
- ☐ 1519 STOMACH
- ☐ 7890 PAIN, ABDOMINAL
- ☐ 5770 PANCREATITIS, ACUTE
- ☐ 5771 PANCREATITIS, CHRONIC
- ☐ 5801 PARALYTIC ILEUS
- ☐ 5691 PROLAPSE OF RECTUM
- ☐ 7605 PYLORIC STENOSIS
- ☐ 555 REGIONAL ENTERITIS OR ILEITIS

- | | |
|---|------------------------------|
| <input type="radio"/> <input type="radio"/> 800 | BENIGN PROSTATIC HYPERTROPHY |
| <input type="radio"/> <input type="radio"/> 5997 | HEMATURIA |
| <input type="radio"/> <input type="radio"/> 185 | MALIGNANT NEOPLASM PROSTATE |
| <input type="radio"/> <input type="radio"/> 6188 | PELVIC RELAXATION |
| <input type="radio"/> <input type="radio"/> 6256 | STRESS INCONTINENCE, FEMALE |
| <input type="radio"/> <input type="radio"/> 60892 | TESTICULAR PAIN |
| <input type="radio"/> <input type="radio"/> 4564 | VARICOCELE |

- ULCER
- ☐ ☐ 532 DUODENUM
- ☐ ☐ 5324 DUODENUM (W/HEMORRH ONLY)
- ☐ ☐ 5325 DUODENUM (W/PERFOR ONLY)
- ☐ ☐ 531 STOMACH
- ☐ ☐ 53142 STOMACH (W/HEMORRH ONLY)
- ☐ ☐ 5315 STOMACH (W/PERFOR ONLY)
- ☐ ☐ 5561 ULCERATIVE COLITIS
- VARICOSE VEINS
- ☐ ☐ 4560 ESOPHAGUS WITH HEMORRHAGE
- ☐ ☐ 4561 ESOPHAGUS W/O HEMORRHAGE
- ☐ ☐ 5602 VULVULUS
- ☐ ☐ 5379 DTH DIS OF STOMACH & DUODENUM

- | | | | |
|--------------------------|-------|-------------------------|-----------|
| <input type="checkbox"/> | 55300 | FEMORAL HERNIA OF ABD | W/O OBSTR |
| <input type="checkbox"/> | 5533 | HIATAL HERNIA | |
| | | <u>INGUINAL HERNIA</u> | |
| <input type="checkbox"/> | 55092 | BILATERAL W/OBSTRUCTION | |
| <input type="checkbox"/> | 55091 | UNILATERAL W/O OBSTR | |
| <input type="checkbox"/> | 55680 | PERITONEAL ADHESIONS | |
| <input type="checkbox"/> | 567 | PERITONITIS, SIMPLE | |
| <input type="checkbox"/> | 5531 | UMBILICAL HERNIA | |
| <input type="checkbox"/> | 5532 | VENTRAL HERNIA | |

- 5609 INTST OBSTRUCTION (UNSPEC)
 5600 INTUSSUSCEPTION
 5641 IRRITABLE BOWEL SYNDROME
 5720 LIVER, ABSCESS
MALIGNANT NEOPLASM
 1542 ANAL CANAL
 1543 ANUS
 1509 ESOPHAGUS
 1539 LARGE INTST (NOT RECTUM)
 1409 LIP
 1977 LIVER (SECONDARY)
 157 PANCREAS

- | | |
|---|---------------------|
| <input type="radio"/> <input type="radio"/> 919 | ABRASION, SCRATCHES |
| | <u>AMPUTATION</u> |
| <input type="radio"/> <input type="radio"/> 8879 | ARM |
| <input type="radio"/> <input type="radio"/> 886 | FINGER |
| <input type="radio"/> <input type="radio"/> 8960 | FOOT |
| <input type="radio"/> <input type="radio"/> 8878 | HAND |
| <input type="radio"/> <input type="radio"/> 8974 | LEG |
| <input type="radio"/> <input type="radio"/> 8950 | TOE |
| <input type="radio"/> <input type="radio"/> 87995 | BITE, ANIMAL |
| <input type="radio"/> <input type="radio"/> 87996 | BITE, HUMAN |

- ☐ ☐ 88954 BITE/STING, INSECT
☐ ☐ 88955 BITE, VENOMOUS SNAKE
 BURN, THERMAL
☐ ☐ 94971 <5% BODY SURFACE AREA
☐ ☐ 94972 6-15% BODY SURFACE AREA
☐ ☐ 94973 > 16% BODY SURFACE AREA
☐ ☐ 9496 BURNS CHEMICAL (ALL SITES)
☐ ☐ 949 BURNS, UNSPECIFIED
☐ ☐ 850 CONCUSSION
☐ ☐ 8248 CONUSION, ALL SITES
☐ ☐ 8298 CRUSHING INJURY
☐ ☐ 7296 FOREIGN BODY IN TISSUE

- LACERATION
- 8799 COMPLEX
- 87981 SIMPLE (<2 INCH)
- 87982 SIMPLE (>2 INCH)
- 9598 MULTIPLE TRAUMA
- 869 MULTIPLE TRAUMA, -
EXTREME INTERNAL
- 95990 SEXUAL ASSAULT
- 9169 SNAKE BITE, NON-VENOMOUS
- 95991 SUICIDE ATTEMPT
- WOUND
- 87989 GUNSHOT
- 87987 PUNCTURE
- 87988 STAB

- 998 COMPLICATIONS, SURGICAL
PROCEDURES
7806 FEVER OF UNKNOWN ORIGIN
V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOO PET)

☐ Yes ☐ No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX	SECONDARY DX
------------	--------------

[illegible][illegible]

0	0	0	0	Y	(0)	(0)	(0)	(0)
---	---	---	---	---	-----	-----	-----	-----

21-10001	000000
----------	--------

(2) (2) (2) 2 S) (2) (2) (2) (2)

(3) (3) (3) (3)

4444 0000

(5) (6) (5) (5)

0000

5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1

() () () ()
 () () () ()

9 9 9 9

MEDICATIONS NOT GENERALLY STOCKED IN THE TOSE MEDICAL SUPPLIES BUT REQUIRED FOR THIS SOLDIER

CARDIAC

- ☒ 01 Digoxin
- ☒ 02 Norpace
- ☒ 03 Corgard
- ☒ 04 Procardia
- ☒ 05 Quinidine
- ☒ 06 Other

NARCOTICS/CONTROLLED

- ☒ 07 Nitroglycerin
- ☒ 08 Phenobarbital
- ☒ 09 Other

ANTI-INFECTIVES

- ☒ 10 Griseofulvin
- ☒ 11 Penicillin
- ☒ 12 Minocin
- ☒ 13 Tetracycline
- ☒ 14 Bactrim/Septra
- ☒ 15 Macroclantin
- ☒ 16 Zovirax
- ☒ 17 INH
- ☒ 18 Myambutol
- ☒ 19 Rifampin
- ☒ 20 Other

BCP

- ☒ 21 Demulin
- ☒ 22 LoOvral
- ☒ 23 Nordette
- ☒ 24 ON/Normyl 1/35
- ☒ 25 ON/Normyl 1/50
- ☒ 26 ON/Normyl 1/80
- ☒ 27 Ovral
- ☒ 28 Premarin
- ☒ 29 Other

RESPIRATORY

- ☐ 30 Albuteral Inh
- ☐ 31 Bronkosol Inh
- ☐ 32 Isuprel Inh
- ☐ 33 Metaprel Inh
- ☐ 34 Vancetil Inh
- ☐ 35 Aminophylline
- ☐ 36 Theodur
- ☐ 37 Terbutaline
- ☐ 38 Other

NEURO/PSYCH

- ☐ 39 Mysoline
- ☐ 40 Dilantin
- ☐ 41 Tegretol
- ☐ 42 Depakene
- ☐ 43 Endep
- ☐ 44 Sinequan
- ☐ 45 Cafegot
- ☐ 46 Other

GASTRO-INTESTINAL

- ☒ 47 Asulfadine
- ☒ 48 Beldergel-S
- ☒ 49 Bentyl
- ☒ 50 Robinul
- ☒ 51 Quasstron
- ☒ 52 Librax
- ☒ 53 Tagamet
- ☒ 54 Reglan
- ☒ 55 Carafate
- ☒ 56 Motrin
- ☒ 56 Other

ARTHRITIS

- ☒ 57 Feldene
- ☒ 58 Indocin
- ☒ 59 Benamid
- ☒ 60 Allopurinol
- ☒ 61 Disalcid
- ☒ 67 Donnatal
- ☒ 62 Other

ANTI-HYPERTENSIVES

- ☒ 63 Inderal
- ☒ 64 Tenormin
- ☒ 65 Catapres
- ☒ 66 Apresoline
- ☒ 67 Aldomet
- ☐ 68 Lopressor
- ☐ 69 Minipress
- ☐ 70 Reserpine
- ☐ 71 Potassium Sup
- ☐ 72 Lozol
- ☐ 73 Hygroton
- ☐ 74 Lasix
- ☐ 75 HCTZ
- ☐ 76 Spirolactone
- ☐ 77 Dyrenium
- ☐ 78 Other

MISCELLANEOUS

- ☐ 79 Glucotrol
- ☐ 80 Synthroid
- ☐ 81 Antabuse
- ☐ 82 Coumadin
- ☐ 83 Eye Preparations
- ☐ 84 Skin Preparations
- ☐ 85 Other

INFECTIOUS DISEASE PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	0 5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	25 minutes		
	30 minutes		
	35 minutes		
	40 minutes		
	45 minutes		
	50 minutes		
	55 minutes		
	60 minutes		
	65 minutes		
	70 minutes		
	75 minutes		
	80 minutes		
	85 minutes		
	90 minutes		
	95 minutes		
	100 minutes		
	105 minutes		
	110 minutes		
	115 minutes		
	120 minutes		
	125 minutes		
	130 minutes		
	135 minutes		
	140 minutes		
	145 minutes		
	150 minutes		
	155 minutes		
	160 minutes		
	165 minutes		
	170 minutes		
	175 minutes		
	180 minutes		
	185 minutes		
	190 minutes		
	195 minutes		
	200 minutes		
	205 minutes		
	210 minutes		
	215 minutes		
	220 minutes		
	225 minutes		
	230 minutes		
	235 minutes		
	240 minutes		
	245 minutes		
	250 minutes		
	255 minutes		
	260 minutes		
	265 minutes		
	270 minutes		
	275 minutes		
	280 minutes		
	285 minutes		
	290 minutes		
	295 minutes		
	300 minutes		
	305 minutes		
	310 minutes		
	315 minutes		
	320 minutes		
	325 minutes		
	330 minutes		
	335 minutes		
	340 minutes		
	345 minutes		
	350 minutes		
	355 minutes		
	360 minutes		
	365 minutes		
	370 minutes		
	375 minutes		
	380 minutes		
	385 minutes		
	390 minutes		
	395 minutes		
	400 minutes		
	405 minutes		
	410 minutes		
	415 minutes		
	420 minutes		
	425 minutes		
	430 minutes		
	435 minutes		
	440 minutes		
	445 minutes		
	450 minutes		
	455 minutes		
	460 minutes		
	465 minutes		
	470 minutes		
	475 minutes		
	480 minutes		
	485 minutes		
	490 minutes		
	495 minutes		
	500 minutes		
	505 minutes		
	510 minutes		
	515 minutes		
	520 minutes		
	525 minutes		
	530 minutes		
	535 minutes		
	540 minutes		
	545 minutes		
	550 minutes		
	555 minutes		
	560 minutes		
	565 minutes		
	570 minutes		
	575 minutes		
	580 minutes		
	585 minutes		
	590 minutes		
	595 minutes		
	600 minutes		
	605 minutes		
	610 minutes		
	615 minutes		
	620 minutes		
	625 minutes		
	630 minutes		
	635 minutes		
	640 minutes		
	645 minutes		
	650 minutes		
	655 minutes		
	660 minutes		
	665 minutes		
	670 minutes		
	675 minutes		
	680 minutes		
	685 minutes		
	690 minutes		
	695 minutes		
	700 minutes		
	705 minutes		
	710 minutes		
	715 minutes		
	720 minutes		
	725 minutes		
	730 minutes		
	735 minutes		
	740 minutes		
	745 minutes		
	750 minutes		
	755 minutes		
	760 minutes		
	765 minutes		
	770 minutes		
	775 minutes		
	780 minutes		
	785 minutes		
	790 minutes		
	795 minutes		
	800 minutes		
	805 minutes		
	810 minutes		
	815 minutes		
	820 minutes		
	825 minutes		
	830 minutes		
	835 minutes		
	840 minutes		
	845 minutes		
	850 minutes		
	855 minutes		
	860 minutes		
	865 minutes		
	870 minutes		
	875 minutes		
	880 minutes		
	885 minutes		
	890 minutes		
	895 minutes		
	900 minutes		
	905 minutes		
	910 minutes		
	915 minutes		
	920 minutes		
	925 minutes		
	930 minutes		
	935 minutes		
	940 minutes		
	945 minutes		
	950 minutes		
	955 minutes		
	960 minutes		
	965 minutes		
	970 minutes		
	975 minutes		
	980 minutes		
	985 minutes		
	990 minutes		
	995 minutes		
	1000 minutes		

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance

☐ Acute problem

☐ Chronic Problem

☐ Trauma/Injury follow-up

☐ Surgical follow-up

DISPOSITION

☐ Discharged from clinic

☐ Return PRN

☐ Return appointment

☐ Admitted

☐ Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

(0) (1) (2) (3) (4) (5)

(6) (7) (8) (9) (0)

PRESCRIPTIONS

(0) (1) (2) (3) (4) (5)

6 7 8 9 +

X RAYS

☐ Plain films

☐ Barium study

☐ IVP

☐ CT scan

☐ MR scan

☐ Ultrasound

☐ Nuclear med scan

☐ Angiographic study

☐ Other

OTHER

☐ Adaptive appliance/equip.

☐ EEG

☐ EKG

☐ Pul function

☐ EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

☐ Referred to other clinic

☐ Referred to VA

☐ Referred to other Fed. Fac.

☐ Referred to civilian provider

☐ Referred to civ. Health Dept.

☐ Letters/Forms

☐ Supplemental care

☐ Champus for the handicapped

☐ Other Champus

☐ Quarters (military)

☐ Home (non-military)

☐ Work w/limitations

☐ Profile

☐ Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9) (0)

- INSTRUCTIONS
- DO NOT use ink or ballpoint pen.
 - Make each mark heavy and black.
 - Fill ovals completely.
 - Erase cleanly any mark you wish to change.
 - Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

PATIENT

TODAY'S DATE

DAY MONTH YEAR

PATIENT INFORMATION

SPONSOR'S SSN

DATE OF BIRTH

DAY MONTH YEAR

ADMINISTRATION

CLINIC CODE

INPATIENT OR REFERRAL CODE

PLACE OF VISIT

☐ Clinic/Office

☐ Ward

☐ Telephone

☐ Home

☐ Other

MARK ONLY ONE

APPOINTMENT STATUS

☐ Scheduled

☐ Unscheduled

☐ Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes

☐ No

2. Patient being seen for new problem?

☐ Yes

☐ No

009227

ADDITIONAL PROCEDURES

☐ 87210 WET MOUNT

ADDITIONAL PROCEDURES									
1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

<input type="checkbox"/> 08291	ABSCSS, NOS	<input type="checkbox"/> 0701	HEPATITIS A	<input type="checkbox"/> 5070	PNEUMONIA	<input type="checkbox"/> 018	TUBERCULOSIS
<input type="checkbox"/> 02718	ACQUIRED IMMUNE DEF SYN (AIDS)	<input type="checkbox"/> 0703	HEPATITIS B	<input type="checkbox"/> 494	ASPIRATION	<input type="checkbox"/> 0120	MILIARY, DISSEMINATED
<input type="checkbox"/> 03990	ACTINOMYCOSIS	<input type="checkbox"/> 0705	NON A, NON B	<input type="checkbox"/> 488	BROCHIECTASIS	<input type="checkbox"/> 0119	PLEURAL EFFUSION
<input type="checkbox"/> 0089	AMEBIASIS	<input type="checkbox"/> 070	VIRAL (NOS)	<input type="checkbox"/> 481	OTHER	<input type="checkbox"/> 0160	PULMONARY
<input type="checkbox"/> 022	ANTHRAX	<input type="checkbox"/> 5733	UNSPECIFIED	<input type="checkbox"/> 4824	PNEUMOCOCCAL	<input type="checkbox"/> 021	RENAL
<input type="checkbox"/> 7110	ARTHRITIS SEPTIC	<input type="checkbox"/> V0171	HEPATITIS EXPOSURE	<input type="checkbox"/> 480	STAPHYLOCOCCAL	<input type="checkbox"/> 0020	TULAREMIA
<input type="checkbox"/> 03191	ATYPICAL MYCOBACTERIAL INFECT	<input type="checkbox"/> 0542	HERPESIC GINGIVOSTOMATITIS	<input type="checkbox"/> 04590	VIRAL	<input type="checkbox"/> 4659	TYPHOID FEVER
<input type="checkbox"/> 0070	BALANTIDIASIS	<input type="checkbox"/> 054	HERPES SIMPLEX	<input type="checkbox"/> 0739	POLIO NOS	<input type="checkbox"/> 5990	UPPER RESPIRATORY INFECTION ACUTE
<input type="checkbox"/> 1180	BLASTOMYCOSIS	<input type="checkbox"/> 0639	HERPES ZOSTER	<input type="checkbox"/> 8860	PSITTACOSIS	<input type="checkbox"/> 052	URINARY TRACT INFECTION
<input type="checkbox"/> 023	BRUCELLOSIS	<input type="checkbox"/> 115	HISTOPLASMOSSIS	<input type="checkbox"/> 0269	PYODERMA	<input type="checkbox"/> 0799	VARICELLA/CHICKENPOX
<input type="checkbox"/> 1129	CANDIDIASIS, LOCAL (MONILIASIS)	<input type="checkbox"/> 27901	HOST DEFENSE ABNORMALITIES	<input type="checkbox"/> 59392	RAT BITE FEVER		VIRUS SYNDROME, NOS
<input type="checkbox"/> 1125	CANDIDIASIS, DISSEMINATED	<input type="checkbox"/> 27903	IGA	<input type="checkbox"/> 082	RENAL DISORDER (UNSPEC)	<input type="checkbox"/> V655	NO PROBLEM NOTED
<input type="checkbox"/> 6809	CARBUNCLE-FURUNCLE BOILS-UNSPEC	<input type="checkbox"/> 27910	IGG	<input type="checkbox"/> 038	RICKETTSIOSIS TICK BORNE		
<input type="checkbox"/> 0783	CAT-SCRATCH FEVER	<input type="checkbox"/> 27910	T-CELL		SEPTICEMIA (UNSPEC)		
<input type="checkbox"/> 3251	CAVERNOUS SINUS THROMBOSIS	<input type="checkbox"/> 684	IMPETIGO	<input type="checkbox"/> 0990	SEXUALLY TRANSMITTED DISEASE		
<input type="checkbox"/> 8810	CELLULITIS	<input type="checkbox"/> 9985	INFECTION, POST-OP WOUND	<input type="checkbox"/> 07981	CHANCROID		
<input type="checkbox"/> 6829	FINGER	<input type="checkbox"/> 9583	INFECTION, POST-TRAUMA	<input type="checkbox"/> 0980	CHLAMYDIA		
<input type="checkbox"/> 6811	OTHER CELL/ABSCSS	<input type="checkbox"/> 4871	INFLUENZA	<input type="checkbox"/> 0992	GONORRHEA, GU		
<input type="checkbox"/> 3499	TOE	<input type="checkbox"/> 0859	LEISHMANIASIS	<input type="checkbox"/> 05410	GRAUOMA INGUINALE		
<input type="checkbox"/> 4801	CNS DISORDER (UNSPEC)	<input type="checkbox"/> 0309	LEPROSY	<input type="checkbox"/> 0991	HERPES SIMPLEX, GENITAL		
<input type="checkbox"/> 1175	CORYZA (ACUTE PHARYNGITIS)	<input type="checkbox"/> 0270	LISTERIOSIS	<input type="checkbox"/> 0910	LGV		
<input type="checkbox"/> 0785	CRYPTOCOCCOSIS		LIVER DISORDERS	<input type="checkbox"/> 0979	SYPHILIS, PRIMARY		
<input type="checkbox"/> 05229	CYTOMEGALIC INCLUSION DIS	<input type="checkbox"/> 57391	PROBABLY ANTIBIOTIC ASSOC	<input type="checkbox"/> 1310	SYPHILIS, NOS		
<input type="checkbox"/> 0092	DENTAL INFECTION	<input type="checkbox"/> 57331	DRUG INDUCED	<input type="checkbox"/> 78559	TRICHOMONIASIS, GU		
<input type="checkbox"/> 0329	DIARRHEA, INFECTIOUS	<input type="checkbox"/> 0848	MALARIA	<input type="checkbox"/> 4738	SHOCK, ENDOTOXIC, SEPTIC		
<input type="checkbox"/> 0048	DIPHTHERIA	<input type="checkbox"/> 0380	MENINGITIS, MENINGOCOCCAL	<input type="checkbox"/> 461	PANSINUSITIS, CHRONIC		
<input type="checkbox"/> 0499	DYSENTERY-BAC/SHIGELLA	<input type="checkbox"/> 0382	MENINGOCOCCEMIA	<input type="checkbox"/> 473	SINUSITIS, ACUTE		
<input type="checkbox"/> 0629	ENCEPHALITIS	<input type="checkbox"/> 320	MENINGITIS, BACTERIAL, NOS	<input type="checkbox"/> 1171	SINUSITIS, CHRONIC		
<input type="checkbox"/> 0629	ENTEROVIRUS	<input type="checkbox"/> 0383	WATERHOUSE-FRIDERICHSEN SYNDR	<input type="checkbox"/> 037	SPOROTRICHOSIS		
<input type="checkbox"/> 0639	MOSQUITO-BORNE	<input type="checkbox"/> 32291	MENINGITIS, PRESUMED BACTERIAL	<input type="checkbox"/> 04062	TETANUS		
<input type="checkbox"/> 0329	TICK-BORNE	<input type="checkbox"/> 0479	MENINGITIS, VIRAL (ASEPTIC)	<input type="checkbox"/> 1309	TOXIC SHOCK SYNDROME		
<input type="checkbox"/> 4211	UNSPEC	<input type="checkbox"/> 075	MONONUCLEOSIS, INFECTIOUS	<input type="checkbox"/> 7995	TOXOPLASMOSSIS		
<input type="checkbox"/> V0732	ENDOCARDITIS ACUTE/SUB INF	<input type="checkbox"/> 4229	MYOCARDITIS, ACUTE		TUBERCULIN POSITIVE		
<input type="checkbox"/> 001	ENDOCARDITIS/PROPHYLAXIS	<input type="checkbox"/> 03991	MYOCARDIOSIS				
<input type="checkbox"/> 0080	ENTERITIS	<input type="checkbox"/> 7302	OSTEOMYELITIS				
<input type="checkbox"/> 0030	CHOLERA	<input type="checkbox"/> 129	PARASITE, INTESTINE NOS				
<input type="checkbox"/> 00881	E. COLI	<input type="checkbox"/> 42090	PERICARDITIS, ACUTE				
<input type="checkbox"/> 4643	SALMONELLA	<input type="checkbox"/> 482	PHARYNGITIS W/O STREP				
<input type="checkbox"/> 035	VIRAL	<input type="checkbox"/> 0340	PHARYNGITIS/TONSILITIS W/STREP				
<input type="checkbox"/> 0271	EPIGLOTTITIS						

NEUROLOGY PATIENT

PROVIDER

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1 YES NO

PROV #2 YES NO

Have you seen this patient before?

If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other

MARK ONLY ONE

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

(1) (2) (3) (4) (5)

(6) (7) (8) (9) (0)

PRESCRIPTIONS

(1) (2) (3) (4) (5)

(6) (7) (8) (9) (0)

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultra/sound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip.

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



JULY 5 DATE

DAY MONTH YEAR

(1) (2) (3) (4) (5) (6) (7) (8) (9) (0)

SPONSOR'S SSN

(1) (2) (3) (4) (5) (6) (7) (8) (9) (0)

PATIENT

PATIENT INFORMATION

FMP

BIRTHDATE

DAY MONTH YEAR

(1) (2) (3) (4) (5) (6) (7) (8) (9) (0)

ADMINISTRATION

UCA DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

(1) (2) (3) (4) (5) (6) (7) (8) (9) (0)

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

MARK ONLY ONE

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes

No

2. Patient being seen for new problem?

Yes

No

000824

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

BIOPSY

- ☐ 20200 MUSCLE
☐ 64795 NERVE
☐ 90630 CONSULTATION, INITIAL COMPLEX

EEG

- ☐ 95819 AWAKE
☐ 95822 SLEEP ENHANCED
☐ 95823 OTHER, PHYS/PHARMACTIVATION
☐ 95860 ELECTROMYOGRAPHY, ONE EXTREMITY
☐ 95861 ELECTROMYOGRAPHY, TWO-EXTREMITIES

EVOKED POTENTIALS

- ☐ 95933 VISUAL (BLINK REFLEX)
☐ 95935 AUDITORY ("H" REFLEX)
☐ 95925 SOMATOSENSORY
☐ 95882 COGNITIVE
☐ 82270 LUMBAR PUNCTURE
☐ 95900 NERVE CONDUCTION STUDIES
☐ 95828 POLYSOMNOGRAPHY
☐ 95999 OTHER PROCEDURES, NEURO

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

MARK ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)

RULE OUT		MARK ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)		MARK ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)		MARK ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)		MARK ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)	
1	2	1	2	1	2	1	2	1	2
DISORDERS OF HIGHER CORTICAL FUNCTION/BEHAVIOR		OTHER		SPONDYLOSIS		MYOPATHY			
AMNESIA		<input type="checkbox"/> 3239 OTHER		<input type="checkbox"/> 7210 CERVICAL		<input type="checkbox"/> 3590 BENIGN CONGENITAL			
<input type="checkbox"/> 78094 TRANSIENT GLOBAL		<input type="checkbox"/> 0539 HERPETIC RADICULOPATHY (SHINGLES)		<input type="checkbox"/> 7213 LUMBAR		<input type="checkbox"/> 35981 GLYCOGEN STORAGE			
<input type="checkbox"/> 78095 OTHER		MENTINGITIS		<input type="checkbox"/> 75612 SPONDYLOLISTHESIS, CONGENITAL		<input type="checkbox"/> 35983 INFECTIOUS			
APHASIA		<input type="checkbox"/> 0479 ACUTE BACTERIAL		<input type="checkbox"/> 3530 THORACIC OUTLET SYNDROME		<input type="checkbox"/> 7104 INFLAMMATORY POLYMYOSITIS			
<input type="checkbox"/> 78431 BROCA'S		<input type="checkbox"/> 3222 CHRONIC		<input type="checkbox"/> 95992 OTHER TRAUMATIC INJURY		<input type="checkbox"/> 35982 LIPID STORAGE			
<input type="checkbox"/> 78433 CONDUCTION		<input type="checkbox"/> 0949 NEUROSYPHILIS		PERIPHERAL & CRANIAL NERVE DISORDERS		<input type="checkbox"/> 35984 TRAUMATIC			
<input type="checkbox"/> 78434 GLOBAL		<input type="checkbox"/> 05310 POST-HERPETIC NEURALGIA		<input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME		<input type="checkbox"/> 3585 NEUROMUSCULAR BLOCK, NON-MYASTHENIC			
<input type="checkbox"/> 78432 WERNICKE'S		<input type="checkbox"/> 135 SARCOIDOSIS		<input type="checkbox"/> 78202 HYPERESTHESIA		<input type="checkbox"/> 3593 PAPALYSIS, PERIODIC, FAMILIAL			
<input type="checkbox"/> 78435 OTHER		<input type="checkbox"/> 052 VARICELLA		<input type="checkbox"/> 3522 LARYNGEAL, 9th CN		<input type="checkbox"/> 3430 PARAPLEGIA, HEREDITARY			
<input type="checkbox"/> 78194 CORTICAL DEFICIT, OTHER		<input type="checkbox"/> 13691 OTHER INFECTIOUS PROCESS		<input type="checkbox"/> 78201 PARESTHESIA		MULTIPLE SCLEROSIS & RELATED DISORDERS			
<input type="checkbox"/> 29301 CONFUSIONAL STATE, ACUTE		NEUROPLASTIC DISEASE		<input type="checkbox"/> 35591 NERVE DYSFUNCTION, OTHER		<input type="checkbox"/> 3400 MULTIPLE SCLEROSIS, ACUTE			
DEMENTIA		<input type="checkbox"/> 74781 ANEURYSM, INTRACRANIAL		NEUROPATHY		<input type="checkbox"/> 3401 MULTIPLE SCLEROSIS, CHRONIC			
<input type="checkbox"/> 29120 ALCOHOLIC		<input type="checkbox"/> 7479 ARTERIOVENOUS MALFORMATION		<input type="checkbox"/> 3575 ALCOHOLIC		<input type="checkbox"/> 32390 MYELITIS, ACUTE TRANSVERSE			
<input type="checkbox"/> 3310 ALZHEIMER TYPE		<input type="checkbox"/> 7859 BRUIT, ASYMPTOMATIC		<input type="checkbox"/> 2506 DIABETIC		<input type="checkbox"/> 3773 NEURITIS, OPTIC, INFLAMMATORY			
<input type="checkbox"/> 2962 DEPRESSIVE		<input type="checkbox"/> 44784 FIBROMUSCULAR DYSPLASIA		<input type="checkbox"/> 3560 HEREDITARY		<input type="checkbox"/> 32391 POST INFECTION ENCEPHALOMYELITIS			
<input type="checkbox"/> 29040 ARTERIOSCLEROTIC		<input type="checkbox"/> 8530 HEMATOMA, INTRACRANIAL POST INJURY		<input type="checkbox"/> 37741 OPTIC ISCHEMIC		<input type="checkbox"/> 0463 PROGRESSIVE MULTIPLE LEUKOENCEPHALOPATHY			
<input type="checkbox"/> 29010 PRESENILE		<input type="checkbox"/> 8520 HEMORRHAGE SUBARACHNOID, TRAUMATIC		<input type="checkbox"/> 3577 TOXIC METABOLIC		DEVELOPMENTAL & HEREDITARY DISORDERS			
<input type="checkbox"/> 2900 SENILE		<input type="checkbox"/> 430 HEMORRHAGE, SUBARACHNOID, OTHER		<input type="checkbox"/> 3572 OTHER		<input type="checkbox"/> 74100 ARNOLD CHIARI SYNDROME			
<input type="checkbox"/> 29030 SENILE W/DELIRIUM		STROKE		PALSY		<input type="checkbox"/> 75981 BIOCHEMICAL DEFECT, HEREDITARY			
<input type="checkbox"/> 32793 DRUG INDUCED		<input type="checkbox"/> 436 HEMORRHAGIC		<input type="checkbox"/> 3510 BELL'S		<input type="checkbox"/> 3439 CEREBRAL PALSY			
<input type="checkbox"/> 29043 MULTIPLE INFARCTION W/DEPRESSION		<input type="checkbox"/> 4363 MULTIPLE LACUNAR		<input type="checkbox"/> 3553 PERONEAL NERVE		<input type="checkbox"/> 7998 CHROMOSOMAL DISORDERS			
<input type="checkbox"/> 311 DEPRESSION		<input type="checkbox"/> 43591 TIA W/RINE		<input type="checkbox"/> 3543 RADIAL NERVE		<input type="checkbox"/> 7580 DOWN'S SYNDROME			
<input type="checkbox"/> 29600 MANIC STATE		<input type="checkbox"/> 4359 TRANSIENT ISCHEMIC ATTACK		<input type="checkbox"/> 3570 POLYRADICULONEUROPATHY (ACUTE GB)		<input type="checkbox"/> 78462 DYSLLEXIA			
PSYCHOSIS		<input type="checkbox"/> 4599 OTHER VASCULAR DISORDER		MOVEMENT DISORDERS		HYDROCEPHALUS			
<input type="checkbox"/> 2389 FUNCTIONAL		NEOPLASTIC DISEASE		CHOREA		<input type="checkbox"/> 3314 ACUTE OBSTRUCTIVE			
<input type="checkbox"/> 2391 TOXIC/METABOLIC		<input type="checkbox"/> 225 MENINGIOMA, INTRACRANIAL OR SPINAL		<input type="checkbox"/> 3334 HUNTINGTON'S		<input type="checkbox"/> 3313 COMMUNICATING			
PAROXYSMAL DISORDERS & RELATED		<input type="checkbox"/> 1984 MENINGITIS, CARCINOMATOUS		<input type="checkbox"/> 392 SYDENHAM'S		<input type="checkbox"/> 31401 HYPERACTIVITY ATTENTION DEFICIT			
<input type="checkbox"/> 75331 CONVULSION, ACUTE FEBRILE		NEOPLASM		<input type="checkbox"/> 3335 OTHER		<input type="checkbox"/> 31230 IMPULSE CONTROL DISORDER			
<input type="checkbox"/> 7804 DIZZINESS		<input type="checkbox"/> 1983 METASTATIC INTRACRANIAL MALIGNANT		DYSTONIA		<input type="checkbox"/> 74181 MENINGOENCEPHALITIS			
EPILEPSY		<input type="checkbox"/> 19913 PARANEOPlastic SYNDROME		<input type="checkbox"/> 33389 FOCAL		<input type="checkbox"/> 319 MENTAL RETARDATION, IDIOPATHIC			
<input type="checkbox"/> 34542 COMPLEX PARTIAL TEMPORAL LOBE		<input type="checkbox"/> 19291 PERIPHERAL NERVE		<input type="checkbox"/> 3339 GENERALIZED		<input type="checkbox"/> 3300 METACHROMATIC LEUKODYSTROPHY			
<input type="checkbox"/> 3455 FOCAL MOTOR		<input type="checkbox"/> 1910 PRIMARY INTRACEREBRAL MALIGNANT		MYOCLONUS		<input type="checkbox"/> 3277 NEUROFIBROMATOSIS			
<input type="checkbox"/> 3456 FOCAL ONSET W/SECONDARY GENERALIZATION		<input type="checkbox"/> 2299 PRIMARY BENIGN, NOT MENINGIOMA		<input type="checkbox"/> 33320 HEREDITARY		<input type="checkbox"/> 2771 PORPHYRIA			
<input type="checkbox"/> 34591 GENERALIZED TONIC CLONIC		<input type="checkbox"/> 1922 PRIMARY SPINAL CORD MALIGNANT		<input type="checkbox"/> 33321 TOXIC-METABOLIC		<input type="checkbox"/> 36274 RETINITIS PIGMENTOSA			
<input type="checkbox"/> 3450 PETIT MAL (ABSENCE)		<input type="checkbox"/> 19301 SECONDARY, MALIGNANT		<input type="checkbox"/> 3320 PARKINSONISM, PRIMARY		<input type="checkbox"/> 74190 SPINA BIFIDA			
<input type="checkbox"/> 345 OTHER		<input type="checkbox"/> 19912 OTHER NEOPLASTIC DISEASE		<input type="checkbox"/> 3321 PARKINSONISM, SECONDARY		<input type="checkbox"/> 7596 STURGE WEBER'S SYNDROME			
<input type="checkbox"/> 347 NARCOLEPSY		TRAUMATIC DISORDERS & RELATED		<input type="checkbox"/> 35681 PROGRESSIVE SUPRANUCLEAR PALSY		<input type="checkbox"/> 3360 SYRINGOMYELIA			
<input type="checkbox"/> 78051 SLEEP APNEA W/INSOMNIA		BRACHIAL PLEXUS INJURY		<input type="checkbox"/> 3349 SPINOCEREBELLAR (HEREDITARY)		<input type="checkbox"/> 7595 TUBEROUS SCLEROSIS			
<input type="checkbox"/> 78050 SLEEP DISORDER OTHER		<input type="checkbox"/> 95340 TRAUMATIC		<input type="checkbox"/> 33382 TARDIVE DYSKINESIA		<input type="checkbox"/> 3152 OTHER SPECIFIC LEARNING DISORDERS			
<input type="checkbox"/> 7802 SYNCOPE		<input type="checkbox"/> 95341 OTHER		<input type="checkbox"/> 7235 TORTICOLLIS		<input type="checkbox"/> 3589 OTHER NEUROMUSCULAR DISORDERS			
<input type="checkbox"/> 7801 VERTIGO		<input type="checkbox"/> 8470 CERVICAL HYPEREXTENSION INJURY (WHIPLASH)		<input type="checkbox"/> 30723 TOURETTE'S SYNDROME		<input type="checkbox"/> V655 NO PROBLEM NOTED			
<input type="checkbox"/> 3860 MENIERE'S SYNDROME		<input type="checkbox"/> 850 CONCUSSION, ACUTE		NEUROMUSCULAR DISORDERS					
<input type="checkbox"/> 74042 VESTIBULAR		<input type="checkbox"/> 8518 CONTUSION CEREBRAL W/O IC WOUND		<input type="checkbox"/> 3331 TREMOR, BENIGN ESSENTIAL					
PAIN & PAINFUL CONDITIONS		FRACTURE		<input type="checkbox"/> 33390 OTHER MOVEMENT DISORDER					
HEDACHE		<input type="checkbox"/> 8010 BASAL SKULL W/O IC INJURY		MUSCULAR DYSTROPHY					
<input type="checkbox"/> 34621 CLUSTER		<input type="checkbox"/> 80340 DEPRESSED, CLOSED		<input type="checkbox"/> 35912 BECKER'S					
<input type="checkbox"/> 346 MIGRAINE		<input type="checkbox"/> 80380 DEPRESSED, OPEN		<input type="checkbox"/> 35911 DUCHENNE'S					
<input type="checkbox"/> 78401 MUSCULOSKELETAL		<input type="checkbox"/> 80300 SKULL FRACTURE DEPRESSED		<input type="checkbox"/> 35914 FACIOSCAPULOHUMERAL					
<input type="checkbox"/> 78403 POST TRAUMATIC		<input type="checkbox"/> 8058 SPINAL		<input type="checkbox"/> 35913 LIMB GIRDLE					
<input type="checkbox"/> 30781 PSYCHOGENIC		<input type="checkbox"/> 8524 EPIDURAL, ACUTE		<input type="checkbox"/> 3592 MYOTONIC					
<input type="checkbox"/> 7840 OTHER		<input type="checkbox"/> 8522 SUBDURAL, ACUTE		<input type="checkbox"/> 3592 MYASTHENIA GRAVIS					
<input type="checkbox"/> 72422 LOW BACK PAIN W/RADIATING SYMPTOM		<input type="checkbox"/> 43210 SUBDURAL W/O PARALYSIS		<input type="checkbox"/> 3580 GENERALIZED					
<input type="checkbox"/> 7234 NECK & ARM PAIN, RADICULAR		<input type="checkbox"/> 7220 CERVICAL		<input type="checkbox"/> 35800 Ocular					
<input type="checkbox"/> 3482 PSEUDOTUMOR CEREBRI		<input type="checkbox"/> 72212 LUMBAR OR SACRAL		<input type="checkbox"/> 3581 MYASTHENIC SYNDROME					
<input type="checkbox"/> 7243 SCIATICA		<input type="checkbox"/> 8460 LUMBOSACRAL STRAIN		<input type="checkbox"/> 7913 MYOGLOBINURIA					
<input type="checkbox"/> 44651 TEMPORAL ARTERITIS		<input type="checkbox"/> 85791 NERVE INJURY PERIPHERAL							
INFECTIOUS DISEASES		<input type="checkbox"/> 13102 POST CONCUSSION SYNDROME							
<input type="checkbox"/> 3240 ABSCESS, CEREBRAL		<input type="checkbox"/> 72400 SPINAL STENOSIS							
<input type="checkbox"/> 1231 CYSTICERCOSIS CEREBRAL									
<input type="checkbox"/> 0543 HERPETIC ENCEPHALITIS									

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
		5 minutes			
		10 minutes			
		15 minutes			
		20 minutes			
		30 minutes			
		45 minutes			
		1 hour			
		1 hour/30 minutes			
		2 hours			
		2 hours/30 minutes			
		3 hours			
		3 hours/30 minutes			
		4 hours			
		4 hours/30 minutes			
PROV #1		PROV #2			
YES	NO	YES	NO		
Have you seen this patient before?					
If yes, have you treated this patient for this problem before?					
REASON FOR #2 CARE PROVIDER					
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other					
MARK ONLY ONE					

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

- ☐ Health maintenance
☐ Acute problem
☐ Chronic Problem
☐ Trauma/Injury follow-up
☐ Surgical follow-up

DISPOSITION

- ☐ Discharged from clinic
☐ Return PRN
☐ Return appointment
☐ Admitted
☐ Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5
6 7 8 9

PRESCRIPTIONS

0 1 2 3 4 5
6 7 8 9

X RAYS

- ☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

- ☐ Adaptive appliance/equip.
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

- ☐ Referred to other clinic
☐ Referred to VA
☐ Referred to other Fed. Fac.
☐ Referred to civilian provider
☐ Referred to civ. Health Dept
☐ Letters/Forms
☐ Supplemental care
☐ Champus for the handicapped
☐ Other Champus
☐ Quarters (military)
☐ Home (non-military)
☐ Work w/limitations
☐ Profile
☐ Specific preassigned clinic codes

(MARK AS MANY AS APPLICABLE)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREANEUROSURGERY
PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

SPONSOR'S SSN		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT INFORMATION		
FMP	DAY	MONTH
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

ADMINISTRATION

CLINIC CODE		INPATIENT OR REFERRAL CODE	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

PLACE OF VISIT

- ☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

APPOINTMENT STATUS

- ☐ Scheduled
☐ Unscheduled
☐ Emergency

STATUS OF VISIT

1. Patient seen this clinic last 12 months

Yes
No

2. Patient being seen for new problem?

Yes
No

00226

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
			1	2
<input type="checkbox"/> 90008 INITIAL EVALUATION	<input type="checkbox"/> 12008 WOUND CARE, LOCAL	<input type="checkbox"/> M9390/0 CHORDOID PLEXUS PAPILLOMA		
<input type="checkbox"/> 90055 F/U EVALUATION	<input type="checkbox"/> 10181 WOUND I&D	<input type="checkbox"/> M9470/3 MEDULLOBLASTOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 99075 MEDICAL TESTIMONY	<input type="checkbox"/> 80011 DRESSING CHANGE	<input type="checkbox"/> M9530/0 MENINGIOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 99155 COUNSELING/CONFERENCE	<input type="checkbox"/> 12001 SUTURE PLACEMENT	<input type="checkbox"/> M2871/0 PITUITARY ADENOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	<input type="checkbox"/> 80002 SUTURE REMOVAL	<input type="checkbox"/> M9350/1 CRANIOPHARYNGIOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 90782 INJECTION, IM/SUBQ	<input type="checkbox"/> 10120 EXCISION, SUBQ FOREIGN BODY	<input type="checkbox"/> M9540/0 NEUROFIBROMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 20550 INJECTION, TRIGGER POINT	<input type="checkbox"/> 20200 BIOPSY, MUSCLE	<input type="checkbox"/> M9580/0 NEURILEMMOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 82289 INJECTION, EPIDURAL STEROID	<input type="checkbox"/> 84785 BIOPSY, NERVE	<input type="checkbox"/> M9084/3 GERMINOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 64444 INJECTION, LUMBAR FACET		<input type="checkbox"/> M9085/0 EPIDERMOID	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 61070 PUNCTURE, SHUNT	<input type="checkbox"/> M9400/3 ASTROCYTOMA, LOW GRADE	<input type="checkbox"/> M9084/0 DERMOID	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 62270 PUNCTURE, LUMBAR	<input type="checkbox"/> M9401/3 ASTROCYTOMA, ANAPLASTIC	<input type="checkbox"/> M8850/0 LIPOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 38415 PUNCTURE, VENOUS	<input type="checkbox"/> M9440/3 GLIOBLASTOMA	<input type="checkbox"/> M9181/1 HEMANGIOBLASTOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	<input type="checkbox"/> M9381/3 EPENDYMOMA	<input type="checkbox"/> M9180/0 OSTEOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 20684 HALO ADJUSTMENT	<input type="checkbox"/> M9480/3 OLIGODENDROGLIOMA	<input type="checkbox"/> M9370/3 CHORDOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 20685 HALO REMOVAL	<input type="checkbox"/> M9382/3 MIXED GLIOMA	<input type="checkbox"/> M8880/1 GLIOMUS JUGULARE TUMOR	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 20685 OTHER ORTHOSIS APPL/ADJ	<input type="checkbox"/> M9505/1 GANGLIOGLIOMA	<input type="checkbox"/> M8890/3 MALIGNANT LYMPHOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> M8731/1 PLASMACYTOMA	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<div> <div>RULE OUT</div> <div> <input type="checkbox"/> 1° <input type="checkbox"/> 2° </div> </div>				
<input type="checkbox"/> 72101 CERVICAL SPONDYLOSIS	<input type="checkbox"/> 7423 HYDROCEPHALUS, CONGENITAL	<input type="checkbox"/> 013 TUBERCULOSIS, MENINGES & CNS	<input type="checkbox"/> 34500 EPILEPSY/GENRLDZ NONCONV	
<input type="checkbox"/> 7211 CERVICAL SPOND W/MYELOPATHY	<input type="checkbox"/> 3315 HYDROCEPHALUS, ACQUIRED	<input type="checkbox"/> 0150 TUBERCULOSIS, VERTEBRAL	<input type="checkbox"/> 34510 EPILEPSY/GENRLDZ CONVUL	
<input type="checkbox"/> 72201 HNP, C4-5	<input type="checkbox"/> 7410 SPINA BIFIDA W/HYDROCEPHALUS	<input type="checkbox"/> 03981 NUCARDIA	<input type="checkbox"/> 34542 EPILEPSY/PARTIAL COM	
<input type="checkbox"/> 72202 HNP, C5-6	<input type="checkbox"/> 7418 SPINA BIFIDA W/O HYDROCEPHALUS	<input type="checkbox"/> 048 SLOW VIRUS INFECTION OF CNS	<input type="checkbox"/> 34550 EPILEPSY/PARTIAL SIM	
<input type="checkbox"/> 72203 HNP, C6-7	<input type="checkbox"/> 74255 TETHERED CORD	<input type="checkbox"/> 05430 HERPESIC MENINGOENCEPHALITIS	<input type="checkbox"/> 78020 VASOVAGAL SYNCOPES	
<input type="checkbox"/> 72204 HNP, OTHER CERVICOTHORACIC	<input type="checkbox"/> 33600 SYRINGOMYELIA & SYRINGOBULBIA	<input type="checkbox"/> 094 NEUROSYPHILIS	<input type="checkbox"/> 3512 HEMIFACIAL SPASM	
<input type="checkbox"/> 72341 RADICULOPATHY, C5	<input type="checkbox"/> 3480 CEREBRAL CYSTS	<input type="checkbox"/> 1231 CYSTICERCOLOSIS		
<input type="checkbox"/> 72342 RADICULOPATHY, C6	<input type="checkbox"/> 34820 BENIGN INTRACRANIAL HYPERTN	<input type="checkbox"/> 135 SARCOIDOSIS	<input type="checkbox"/> 3310 ALZHEIMER'S DISEASE	
<input type="checkbox"/> 72343 RADICULOPATHY, C7	<input type="checkbox"/> 7420 ENCEPHALOCELE	<input type="checkbox"/> 320 MENINGITIS, BACTERIAL	<input type="checkbox"/> 332 PARKINSON'S DISEASE	
<input type="checkbox"/> 72344 RADICULOPATHY, OTHER CERV-THOR	<input type="checkbox"/> 7560 ANOMALIES, SKULL & FACE BONES	<input type="checkbox"/> 32110 MENINGITIS, FUNGAL	<input type="checkbox"/> 3331 ESSENTIAL TREMOR, BE	
<input type="checkbox"/> 7224 CERVICAL DISC DEGENERATION	<input type="checkbox"/> 7561 ANOMALIES, SPINE	<input type="checkbox"/> 3220 MENINGITIS, NONPYOGENIC	<input type="checkbox"/> 333 OTHER MOVEMENT DISC	
<input type="checkbox"/> 7231 CERVICALGIA	<input type="checkbox"/> 7721 INTRAVENT HEMORR, PERINATAL	<input type="checkbox"/> 323 ENCEPHALITIS/MYEELITIS	<input type="checkbox"/> 334 SPINO CEREBELLAR DISE	
<input type="checkbox"/> 8470 CERVICAL STRAIN	<input type="checkbox"/> 7424 OTHER BRAIN ANOMALIES	<input type="checkbox"/> 32401 INTRACRANIAL ABSCESS/EMPYEMA	<input type="checkbox"/> 335 ANTERIOR HORN CELL D	
<input type="checkbox"/> 7212 THORACIC SPONDYLOSIS		<input type="checkbox"/> 32411 INTRASPINAL ABSCESS/EMPYEMA	<input type="checkbox"/> 340 MULTIPLE SCLEROSIS	
<input type="checkbox"/> 72411 PAIN IN THORACIC SPINE	<input type="checkbox"/> 800 FRACTURE, SKULL VAULT	<input type="checkbox"/> 72293 LUMBAR DISCITIS		
<input type="checkbox"/> 72131 LUMBOSACRAL SPONDYLOSIS	<input type="checkbox"/> 801 FX, SKULL BASE	<input type="checkbox"/> 73008 ACUTE OSTEOMYELITIS	<input type="checkbox"/> 29000 DEMENTIA, SENILE NONPSY	
<input type="checkbox"/> 72213 HNP, L3-4	<input type="checkbox"/> 802 FX, FACIAL BONES	<input type="checkbox"/> 73018 CHRONIC OSTEOMYELITIS	<input type="checkbox"/> 2909 DEMENTIA, SENILE, PSY	
<input type="checkbox"/> 72214 HNP, L4-5	<input type="checkbox"/> 8508 CEREBRAL CONCUSSION	<input type="checkbox"/> 9583 POST TRAUMATIC WOUND INFECTION	<input type="checkbox"/> 29010 DEMENTIA, PRESENILE	
<input type="checkbox"/> 72215 HNP, L5-S1	<input type="checkbox"/> 851 CEREBRAL CONTUSION/LACERATION	<input type="checkbox"/> 9985 POSTOPERATIVE INFECTION	<input type="checkbox"/> 2943 DEMENTIA, POST-TRAUM	
<input type="checkbox"/> 72216 HNP, OTHER LUMBAR	<input type="checkbox"/> 8526 HEMATOMA, SUBDURAL		<input type="checkbox"/> 3000 ANXIETY STATE	
<input type="checkbox"/> 72217 HNP, RECURRENT	<input type="checkbox"/> 8527 HEMATOMA, EPIDURAL	<input type="checkbox"/> 25311 HYPERPROLACTINEMIA	<input type="checkbox"/> 30011 CONVERSION DISORDER	
<input type="checkbox"/> 72442 RADICULOPATHY, L4	<input type="checkbox"/> 8532 HEMATOMA, INTRACEREBRAL	<input type="checkbox"/> 25312 AMENORRHEA/GALACTORRHEA	<input type="checkbox"/> 30017 COMPENSATION NEUROS	
<input type="checkbox"/> 72443 RADICULOPATHY, L5	<input type="checkbox"/> 8542 CRANIOCEREBRAL GUNSHOT WOUND	<input type="checkbox"/> 25300 ACROMEGALY & GIGANTISM	<input type="checkbox"/> 3004 NEUROTIC DEPRESSION	
<input type="checkbox"/> 72444 RADICULOPATHY, S1	<input type="checkbox"/> 8730 SCALP WOUND	<input type="checkbox"/> 2550 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 30070 HYPOCHONDRIASIS	
<input type="checkbox"/> 72445 RADICULOPATHY, OTHER L-S	<input type="checkbox"/> 8050 FX, CERVICAL, W/O CORD INJURY	<input type="checkbox"/> 25320 PANNHYPOTUITARISM	<input type="checkbox"/> 3019 PERSONALITY DISORDEF	
<input type="checkbox"/> 7225 LUMBODORSAL DISC DEGENERATION	<input type="checkbox"/> 8052 FX, THORACIC, W/O CORD INJURY	<input type="checkbox"/> 25370 IATROGENIC HYPOPIUITARISM	<input type="checkbox"/> 3099 ADJUSTMENT REACTION	
<input type="checkbox"/> 72293 POSTLAMINECTOMY/HNP SYNDROME	<input type="checkbox"/> 8054 FX, LUMBAR, W/O CORD INJURY	<input type="checkbox"/> 2535 DIABETES INSIPIDUS	<input type="checkbox"/> 3102 POSTCONCUSSION SYND	
<input type="checkbox"/> 72402 LUMBAR SPINAL STENOSIS	<input type="checkbox"/> 8060 FX, CERVICAL, W/CORD INJURY	<input type="checkbox"/> 2536 SIADH	<input type="checkbox"/> 319 MENTAL RETARDATION	
<input type="checkbox"/> 72403 LATERAL RECESS SYNDROME	<input type="checkbox"/> 8062 FX, THORACIC, W/CORD INJURY			
<input type="checkbox"/> 73642 SPONDYLOLISTHESIS W/O LYSIS	<input type="checkbox"/> 8064 FX, LUMBAR, W/CORD INJURY	<input type="checkbox"/> 19831 METASTATIC NEOPLASM, BRAIN	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	
<input type="checkbox"/> 75618 SPONDYLOLISTHESIS W/LYSIS	<input type="checkbox"/> 8390 DISLOCATION, CERVICAL, CLOSED	<input type="checkbox"/> 19832 METASTATIC NEOPLASM, SPINE	<input type="checkbox"/> 99661 SHUNT INFECTION	
<input type="checkbox"/> 75611 SPONDYLOLISTHESIS W/O LISTHESIS	<input type="checkbox"/> 8392 DISLOC, THORACOLUMBAR, CLOSED	<input type="checkbox"/> 160 NASAL CAVITIES, EAR, SINUSES	<input type="checkbox"/> 99641 PSEUDARTHROSIS/BROK	
<input type="checkbox"/> 72423 LOW BACK PAIN	<input type="checkbox"/> 8952 CORD INJURY W/O BONE INJURY	<input type="checkbox"/> 17001 SKULL	<input type="checkbox"/> 9977 COMPLICATIONS, MEDIC	
<input type="checkbox"/> 7243 SCIATICA	<input type="checkbox"/> 876 OPEN WOUND OF BACK	<input type="checkbox"/> 17020 VERTEBRAL COLUMN	<input type="checkbox"/> 998 COMPLICATIONS, SURGIC	
<input type="checkbox"/> 8460 LUMBOSACRAL STRAIN		<input type="checkbox"/> 19001 EYE/ORBIT	<input type="checkbox"/> 9952 ADVERSE DRUG REACTI	
<input type="checkbox"/> 7200 ANKYLOSING SPONDYLITIS	<input type="checkbox"/> 3510 BELL'S PALSY	<input type="checkbox"/> 19100 CEREBRUM EXCEPT LOBES/VENTS		
<input type="checkbox"/> 7330 OSTEOPOROSIS	<input type="checkbox"/> 3530 BRACHIAL PLEXUS LESION/TOS	<input type="checkbox"/> 1911 FRONTAL LOBE	<input type="checkbox"/> V655 NO PROBLEM NOTED	
<input type="checkbox"/> 7331 PATHOLOGICAL FRACTURE	<input type="checkbox"/> 35351 PARSONAGE-TURNER SYNDROME	<input type="checkbox"/> 1912 TEMPORAL LOBE		
<input type="checkbox"/> 7332 BONE CYST	<input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME	<input type="checkbox"/> 1913 PARIETAL LOBE		
<input type="checkbox"/> 737 CURVATURE OF SPINE	<input type="checkbox"/> 35420 LESION OF ULNAR NERVE	<input type="checkbox"/> 1914 OCCIPITAL LOBE		
	<input type="checkbox"/> 3551 MERALGIA PARESTHETICA	<input type="checkbox"/> 1915 VENTRICLES		
	<input type="checkbox"/> 3569 PERIPHERAL NEUROPATHY	<input type="checkbox"/> 1916 CEREBELLUM		
	<input type="checkbox"/> 950 INJURY TO NONIATROGENIC	<input type="checkbox"/> 1917 BRAIN STEM		
<input type="checkbox"/> 430 SUBARACHNOID HEMORRHAGE	<input type="checkbox"/> 950 OPTIC NERVE & PATHWAYS	<input type="checkbox"/> 1922 SPINAL CORD		
<input type="checkbox"/> 4373 ANEURYSM, NONRUPTURED	<input type="checkbox"/> 95101 CRANIAL NERVE(S) 3-12	<input type="checkbox"/> 19440 PINEAL REGION		
<input type="checkbox"/> 74782 ANEURYSM, ANTERIOR COMM ART	<input type="checkbox"/> 953 NERVE ROOTS & SPINAL PLEXUS			
<input type="checkbox"/> 74783 ANEURYSM, POSTERIOR COMM ART	<input type="checkbox"/> 955 PERIPHERAL NERVE(S) OF U.E.	<input type="checkbox"/> 21300 SKULL		
<input type="checkbox"/> 74784 ANEURYSM, MID CEREBRAL ART	<input type="checkbox"/> 956 PERIPHERAL NERVE(S) OF L.E.	<input type="checkbox"/> 2241 ORBIT		
<input type="checkbox"/> 74785 ANEURYSM, ANT CEREBRAL ART		<input type="checkbox"/> 2251 CRANIAL NERVES		
<input type="checkbox"/> 74786 ANEURYSM, OTHER ICA	<input type="checkbox"/> 30781 HEADACHE, TENSION	<input type="checkbox"/> 2252 CEREBRAL MENINGES		
<input type="checkbox"/> 74787 ANEURYSM, BASILAR TIP	<input type="checkbox"/> 346 HEADACHE, MIGRAINE	<input type="checkbox"/> 22740 PINEAL REGION		
<input type="checkbox"/> 74788 ANEURYSM, OTHER POST CIRC	<input type="checkbox"/> 34900 HEADACHE, LUMBAR PUNCTURE	<input type="checkbox"/> 22731 SELLAR/SUPRASSELLAR		
<input type="checkbox"/> 74780 ANEURYSM, MULTIPLE	<input type="checkbox"/> 7480 HEADACHE, OTHER	<input type="checkbox"/> 21321 SPINE		
<input type="checkbox"/> 7479 ARTERIOVENOUS MALFORMATION	<input type="checkbox"/> 35010 TRIGEMINAL NEURALGIA	<input type="checkbox"/> 2253 CORD		
<input type="checkbox"/> 431 INTRACEREBRAL HEMORRHAGE	<input type="checkbox"/> 3502 ATYPICAL FACIAL PAIN	<input type="checkbox"/> 2254 SPINAL MENINGES		
<input type="checkbox"/> 433 OCCL/STENOSIS PRECEREBRAL ART	<input type="checkbox"/> 3521 GLOSSOPHARYNGEAL NEURALGIA	<input type="checkbox"/> 2159 PERIPHERAL NERVE		
<input type="checkbox"/> 434 OCCLUSION OF CEREBRAL ARTERIES	<input type="checkbox"/> 33791 REFLEX SYMPATHETIC DYSTROPHY	<input type="checkbox"/> 2377 NEUROFIBROMATOSIS		
<input type="checkbox"/> 435 TRANSIENT CEREBRAL ISCHEMIA	<input type="checkbox"/> 30601 PSYCHOPHYSIOL MUSCULOSKEL DIS	<input type="checkbox"/> 2258 OTHER SITES, CNS		
<input type="checkbox"/> 436 CEREBROVASCULAR ACCIDENT				
<input type="checkbox"/> 438 LATE EFFECTS CEREBROVASC DIS				

JOB RELATED ILL/INJ (NOT LOD DET)

☐ Yes
☐ No

UNLISTED DX (if not listed in columns above)

PRIMARY DX	SECONDARY DX
<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0
<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1
<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3
<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4
<input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5	<input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5
<input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6	<input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6
<input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7	<input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7
<input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8	<input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8
<input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9	<input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
(A) (B) (C) (D)	5 minutes	5 minutes	(A) (B) (C) (D)
(A) (1) (1) (1)	10 minutes	10 minutes	(A) (1) (1) (1)
(B) (2) (2) (2)	15 minutes	15 minutes	(B) (2) (2) (2)
(B) (2) (2) (2)	20 minutes	20 minutes	(B) (2) (2) (2)
(C) (3) (3) (3)	30 minutes	30 minutes	(C) (3) (3) (3)
(C) (3) (3) (3)	45 minutes	45 minutes	(C) (3) (3) (3)
(D) (4) (4) (4)	1 hour	1 hour	(D) (4) (4) (4)
(D) (4) (4) (4)	1 hour/30 minutes	1 hour/30 minutes	(D) (4) (4) (4)
(E) (5) (5) (5)	2 hours	2 hours	(E) (5) (5) (5)
(F) (6) (6) (6)	2 hours/30 minutes	2 hours/30 minutes	(F) (6) (6) (6)
(G) (7) (7) (7)	3 hours	3 hours	(G) (7) (7) (7)
(H) (8) (8) (8)	3 hours/30 minutes	3 hours/30 minutes	(H) (8) (8) (8)
(I) (9) (9) (9)	4 hours	4 hours	(I) (9) (9) (9)
(K) () () ()	4 hours/30 minutes	4 hours/30 minutes	(K) () () ()
PROV #1		PROV #2	
(M) YES NO	Have you seen this patient before?		(M) YES NO
(N) YES NO	If yes, have you treated this patient for this problem before?		(N) YES NO
REASON FOR #2 CARE PROVIDER			
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment Other		} MARK ONLY ONE 1 2 3	

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance

☐ Acute problem

☐ Chronic Problem

☐ Trauma/Injury

☐ follow-up

☐ Surgical follow-up

DISPOSITION	
<input type="radio"/> Discharged from clinic	} MARK ONLY ONE
<input type="radio"/> Return PRN	
<input type="radio"/> Return appointment	
<input type="radio"/> Admitted	
<input type="radio"/> Expired	

**ORDERED
OUT OF CLINIC**

LAB

☒ ① ② ③ ④ ⑤
⑥ ⑦ ⑧ ⑨ +

PRESCRIPTIONS

☒ ① ② ③ ④ ⑤
⑥ ⑦ ⑧ ⑨ +

X RAYS

☐ Plain films

☐ Barium study

☐ IVP

☐ CT scan

☐ MR scan

☐ Ultrasound

☐ Nuclear med scan

☐ Angiographic study

☐ Other

OTHER

☐ Adaptive appliance/equip.

☐ EEG

☐ EKG

☐ Pul function

☐ EMG

**REFERRALS AND
SUPPLEMENTAL DISPOSITION**

(MARK AS MANY AS APPLICABLE):

- ☐ Referred to other clinic
- ☐ Referred to VA
- ☐ Referred to other Fed. Fac.
- ☐ Referred to civilian provider
- ☐ Referred to civ. Health Dept.
- ☐ Letters/Forms
- ☐ Supplemental care
- ☐ Champus for the handicapped
- ☐ Other Champus
- ☐ Quarters (military)
- ☐ Home (non-military)
- ☐ Work w/limitations
- ☐ Profile

Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



DO NOT MARK IN THIS AREA

NUTRITION CARE PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
	<input type="radio"/> Jan	
	<input type="radio"/> Feb	
<input type="radio"/> 0	<input type="radio"/> Mar	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> Apr	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> May	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> Jun	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> Jul	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> Aug	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> Sep	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> Oct	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> Nov	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> Dec	<input type="radio"/> 9

[illegible][illegible]

ADMINISTRATION

[illegible]

☐ Chief of office
☐ Ward
☐ Telephone
☐ Home
☐ Other

☒ 1 ☐ 2 ☐ 3 ☐ 4

☐ Sick leave
☐ Unexcused
☐ Emergency

1. Patient seen this clinic last 12 mo

☐ Yes

☐ No

2. Patient being see for new problem?

☐ Yes

☐ No

00086

EVALUATION SERVICES/PROCEDURES		(MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES	
<input type="checkbox"/> 03001 ANTHROPOMETRIC MEASUREMENTS	<input type="checkbox"/> 03010 DISCHARGE PLANNING	<input type="checkbox"/> 03024 MOD-DISEASE OF GI TRACT			
<input type="checkbox"/> 03002 COMPREHENSIVE ASSESSMENT	<input type="checkbox"/> 03011 NUTRITION HX CONSULTATION	<input type="checkbox"/> 03025 MOD-HYPERLIPIDEMIA/HYPERLIPOPROTEINEMIA	<input type="checkbox"/> 03026	<input type="checkbox"/> 03027	<input type="checkbox"/> 03028
<input type="checkbox"/> 90765 EPMP ASSESSMENT	<input type="checkbox"/> 03012 NONSTANDARD DIET CALCULATION	<input type="checkbox"/> 03022 MOD-OVERWEIGHT	<input type="checkbox"/> 03029	<input type="checkbox"/> 03030	<input type="checkbox"/> 03031
<input type="checkbox"/> 03038 EVAL PARENTERAL/ENTERAL NUTRI	<input type="checkbox"/> 03013 NONSTD/UNUSUAL EDUC MAT PREP	<input type="checkbox"/> 03037 MOD-OVERWEIGHT (AWCP)	<input type="checkbox"/> 03032	<input type="checkbox"/> 03033	<input type="checkbox"/> 03034
<input type="checkbox"/> 03008 FOLLOW-UP EVALUATION	<input type="checkbox"/> <u>NUTRIENT INTAKE ANALYSIS</u>	<input type="checkbox"/> 03030 MOD-PEDS/ADOLESCENT DISEASES	<input type="checkbox"/> 03035	<input type="checkbox"/> 03036	<input type="checkbox"/> 03037
<input type="checkbox"/> 03004 REASSESSMENT NUTRITION STATUS	<input type="checkbox"/> 03014 LIMITED	<input type="checkbox"/> 03032 MOD-PHYSIOLOGICAL STRESS	<input type="checkbox"/> 03038	<input type="checkbox"/> 03039	<input type="checkbox"/> 03040
<input type="checkbox"/> 03000 SCREENING ASSESSMENT	<input type="checkbox"/> 03016 COMPREHENSIVE	<input type="checkbox"/> 03027 MOD-PROTEIN	<input type="checkbox"/> 03041	<input type="checkbox"/> 03042	<input type="checkbox"/> 03043
<input type="checkbox"/> 03003 SKIN FOLD CALIPER (AWCP)	<input type="checkbox"/> 03018 PATIENT RELATED TEAM CONFER	<input type="checkbox"/> 03028 MOD-RENAL	<input type="checkbox"/> 03044	<input type="checkbox"/> 03045	<input type="checkbox"/> 03046
<input type="checkbox"/> 03009 OTHER EVALUATION	<input type="checkbox"/> <u>NUTRITION CARE EDUCATION</u>	<input type="checkbox"/> 03026 MOD-SODIUM	<input type="checkbox"/> 03047	<input type="checkbox"/> 03048	<input type="checkbox"/> 03049
	<input type="checkbox"/> 03048 FITNESS/WEELNESS	<input type="checkbox"/> 03035 MOD-OTHER MINERAL	<input type="checkbox"/> 03050	<input type="checkbox"/> 03051	<input type="checkbox"/> 03052
	<input type="checkbox"/> 03036 MOD-ALLERGY	<input type="checkbox"/> 03031 MOD-VEGETARIANISM	<input type="checkbox"/> 03053	<input type="checkbox"/> 03054	<input type="checkbox"/> 03055
	<input type="checkbox"/> 03034 MOD-ATHLETIC TRAINING	<input type="checkbox"/> 03020 NUTRITION THRU LIFE SPAN	<input type="checkbox"/> 03056	<input type="checkbox"/> 03057	<input type="checkbox"/> 03058
	<input type="checkbox"/> 03021 MOD-CONSISTENCY	<input type="checkbox"/> 03039 OTHER NUTRI CARE ED	<input type="checkbox"/> 03059	<input type="checkbox"/> 03060	<input type="checkbox"/> 03061
	<input type="checkbox"/> 03023 MOD-DIABETES/REACTIVE HYPOLYCEMIA	<input type="checkbox"/> 03019 OTHER PROCEDURE			
	<input type="checkbox"/> 03029 MOD-DIAGNOSTIC PROCEDURES				

RULE OUT				PENALTY (IF APPLICABLE)	
<input type="checkbox"/> 1° <input type="checkbox"/> 2°					
<input type="checkbox"/> 410 ACUTE MI	<input type="checkbox"/> 438 CVA	<input type="checkbox"/> 3439 CEREBRAL PALSY	<input type="checkbox"/> 285 ANEMIA		
<input type="checkbox"/> 4140 ATHEROSCLEROSIS	<input type="checkbox"/> 3570 GULLAIN BARRE	<input type="checkbox"/> 7492 CLEFT PALATE/LIP	<input type="checkbox"/> 949 BURN		
<input type="checkbox"/> 7865 CHEST PAIN	<input type="checkbox"/> 340 MULTIPLE SCLEROSIS	<input type="checkbox"/> 2770 CYSTIC FIBROSIS	<input type="checkbox"/> 5640 CONSTIPATION		
<input type="checkbox"/> 7469 CONGENITAL HEART DISEASE	<input type="checkbox"/> 3499 OTHER CNS DISORDER	<input type="checkbox"/> 25001 DIABETES MELLITUS-ID	<input type="checkbox"/> 55891 DIARRHEA		
<input type="checkbox"/> 4280 CONGESTIVE HEART FAILURE		<input type="checkbox"/> 7580 DOWN'S SYNDROME	<input type="checkbox"/> 5251 ENDENTIA		
<input type="checkbox"/> V4581 CABG POST SURGICAL		<input type="checkbox"/> 78341 FAILURE TO THRIVE/GROW	<input type="checkbox"/> 2639 MALNUTRITION, PROTEIN/CALORIE		
<input type="checkbox"/> 401 HYPERTENSION	<input type="checkbox"/> 584 ACUTE RENAL FAILURE	<input type="checkbox"/> 31401 HYPERACTIVITY	<input type="checkbox"/> 829 FRACTURES, UNSPEC		
<input type="checkbox"/> 42990 OTHER CARDIAC DISEASE	<input type="checkbox"/> 585 CHRONIC RENAL FAILURE	<input type="checkbox"/> 27131 LACTOSE INTOLERANCE	<input type="checkbox"/> 9598 MULTIPLE TRAUMA		
	<input type="checkbox"/> 5819 NEPHROTIC SYNDROME	<input type="checkbox"/> 208 LEUKEMIA	<input type="checkbox"/> 7870 NAUSEA/VOMITING		
	<input type="checkbox"/> 7910 PROTEINURIA	<input type="checkbox"/> 272 LIPID METABOLISM DISORDER	<input type="checkbox"/> 2780 OBESITY		
<input type="checkbox"/> 25001 DIABETES MELLITUS - ID	<input type="checkbox"/> 58394 RENAL INSUFFICIENCY	<input type="checkbox"/> 319 MENTAL RETARDATION	<input type="checkbox"/> 7832 WEIGHT LOSS		
<input type="checkbox"/> 25000 DIABETES MELLITUS - MID	<input type="checkbox"/> 58392 OTHER RENAL DISORDER	<input type="checkbox"/> 27801 OBESITY	<input type="checkbox"/> 5218 WIRED JAW		
<input type="checkbox"/> 274 GOUT/HYPERURICEMIA		<input type="checkbox"/> V4582 T&A			
<input type="checkbox"/> 2429 GRAVES' DISEASE/HYPERTHYROIDISM			<input type="checkbox"/> V655 NO PROBLEM NOTED		
<input type="checkbox"/> 2720 HYPERCHOLESTEROLEMIA	<input type="checkbox"/> 81011 FIBROCYSTIC DISEASE, BREAST	PSYCHIATRY/PSYCHOLOGY			
<input type="checkbox"/> 2724 HYPERLIPODEMIA	<input type="checkbox"/> 8488 GESTATIONAL DIABETES	<input type="checkbox"/> 30500 ALCOHOL ABUSE			
<input type="checkbox"/> 2512 HYPOGLYCEMIA	<input type="checkbox"/> V242 POST-NATAL CARE	<input type="checkbox"/> 30710 ANOREXIA NERVOSA			
<input type="checkbox"/> 2449 HYPOTHYROIDISM	<input type="checkbox"/> <u>PRE-NATAL CARE</u>	<input type="checkbox"/> 30751 BULIMIA			
<input type="checkbox"/> 2529 PARATHYROID DISORDER	<input type="checkbox"/> V22 NORMAL	<input type="checkbox"/> 319 MENTAL RETARDATION			
<input type="checkbox"/> 2539 OTHER ENDOCRINE DISORDER	<input type="checkbox"/> V23 HIGH RISK	<input type="checkbox"/> 977 OVERDOSE/INGESTION			
	<input type="checkbox"/> 6424 TOXEMIA/PRE-ECLAMPSIA, MILD	<input type="checkbox"/> 30090 OTHER MENTAL DISORDER			
	<input type="checkbox"/> 6430 HYPEREMESIS GRAVIDARUM				
GASTROINTESTINAL		PULMONARY			
<input type="checkbox"/> 7833 ABDOMINAL MASS		<input type="checkbox"/> 9953 ALLERGY			
<input type="checkbox"/> 53581 ACID PEPTIC DISEASE		<input type="checkbox"/> 493 ASTHMA			
<input type="checkbox"/> 5650 ANAL FISSURE		<input type="checkbox"/> 496 COPD			
<input type="checkbox"/> 5790 CELIAC DISEASE		<input type="checkbox"/> 486 PNEUMONIA			
<input type="checkbox"/> 5715 CIRRHOSIS & CHRONIC LIVER DIS		<input type="checkbox"/> 0119 TUBERCULOSIS			
<input type="checkbox"/> 5559 CROHN'S DISEASE		<input type="checkbox"/> 4659 URI			
<input type="checkbox"/> 56211 DIVERTICULITIS		<input type="checkbox"/> 5199 OTHER RESPIRATORY DISEASE			
<input type="checkbox"/> 56210 DIVERTICULOSIS					
<input type="checkbox"/> 7872 DYSPHAGIA					
<input type="checkbox"/> 5369 FUNCTIONAL DISORDER, STOMACH					
<input type="checkbox"/> 5759 GALLBLADDER DISORDER					
<input type="checkbox"/> 55890 GASTROENTERITIS					
<input type="checkbox"/> 4556 HEMORRHOIDS					
<input type="checkbox"/> 070 HEPATITIS					
<input type="checkbox"/> 5533 HIATAL HERNIA					
<input type="checkbox"/> 5641 IRRITABLE BOWEL SYNDROME					
<input type="checkbox"/> 2713 LACTOSE INTOLERANCE					
<input type="checkbox"/> 5739 LIVER DYSFUNCTION					
<input type="checkbox"/> 5779 PANCREATIC DISEASE					
<input type="checkbox"/> 5642 POST GASTRIC SURGERY SYNDROME					
<input type="checkbox"/> 5929 UROLITHIASIS					
<input type="checkbox"/> 56491 OTHER GI DISORDER					
	ONCOLOGY				
	CANCER				
	<input type="checkbox"/> 1709 BONE				
	<input type="checkbox"/> 1590 GI				
	<input type="checkbox"/> 1849 GYN				
	<input type="checkbox"/> 1950 HEAD & NECK				
	<input type="checkbox"/> 17193 LYMPH, BLOOD, SOFT TISSUE				
	<input type="checkbox"/> 19914 MAJOR ORGAN, UNSPEC				
	<input type="checkbox"/> 19912 OTHER MALIGNANT NEOPLASMS				

UNLISTED DX (if not listed in columns above)											
PRIMARY DX						SECONDARY DX					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

OB/GYN PATIENT

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
		5 minutes			
		10 minutes			
		15 minutes			
		20 minutes			
		30 minutes			
		45 minutes			
		1 hour			
		1.5 hours			
		2 hours			
		2.5 hours			
		3 hours			
		3.5 hours			
		4 hours			
		4.5 hours			
		5 hours			
		5.5 hours			
		6 hours			
		6.5 hours			
		7 hours			
		7.5 hours			
		8 hours			
		8.5 hours			
		9 hours			
		9.5 hours			
		10 hours			
		10.5 hours			
		11 hours			
		11.5 hours			
		12 hours			
		12.5 hours			
		13 hours			
		13.5 hours			
		14 hours			
		14.5 hours			
		15 hours			
		15.5 hours			
		16 hours			
		16.5 hours			
		17 hours			
		17.5 hours			
		18 hours			
		18.5 hours			
		19 hours			
		19.5 hours			
		20 hours			
		20.5 hours			
		21 hours			
		21.5 hours			
		22 hours			
		22.5 hours			
		23 hours			
		23.5 hours			
		24 hours			
		24.5 hours			
		25 hours			
		25.5 hours			
		26 hours			
		26.5 hours			
		27 hours			
		27.5 hours			
		28 hours			
		28.5 hours			
		29 hours			
		29.5 hours			
		30 hours			
		30.5 hours			
		31 hours			
		31.5 hours			
		32 hours			
		32.5 hours			
		33 hours			
		33.5 hours			
		34 hours			
		34.5 hours			
		35 hours			
		35.5 hours			
		36 hours			
		36.5 hours			
		37 hours			
		37.5 hours			
		38 hours			
		38.5 hours			
		39 hours			
		39.5 hours			
		40 hours			
		40.5 hours			
		41 hours			
		41.5 hours			
		42 hours			
		42.5 hours			
		43 hours			
		43.5 hours			
		44 hours			
		44.5 hours			
		45 hours			
		45.5 hours			
		46 hours			
		46.5 hours			
		47 hours			
		47.5 hours			
		48 hours			
		48.5 hours			
		49 hours			
		49.5 hours			
		50 hours			
		50.5 hours			
		51 hours			
		51.5 hours			
		52 hours			
		52.5 hours			
		53 hours			
		53.5 hours			
		54 hours			
		54.5 hours			
		55 hours			
		55.5 hours			
		56 hours			
		56.5 hours			
		57 hours			
		57.5 hours			
		58 hours			
		58.5 hours			
		59 hours			
		59.5 hours			
		60 hours			
		60.5 hours			
		61 hours			
		61.5 hours			
		62 hours			
		62.5 hours			
		63 hours			
		63.5 hours			
		64 hours			
		64.5 hours			
		65 hours			
		65.5 hours			
		66 hours			
		66.5 hours			
		67 hours			
		67.5 hours			
		68 hours			
		68.5 hours			
		69 hours			
		69.5 hours			
		70 hours			
		70.5 hours			
		71 hours			
		71.5 hours			
		72 hours			
		72.5 hours			
		73 hours			
		73.5 hours			
		74 hours			
		74.5 hours			
		75 hours			
		75.5 hours			
		76 hours			
		76.5 hours			
		77 hours			
		77.5 hours			
		78 hours			
		78.5 hours			
		79 hours			
		79.5 hours			
		80 hours			
		80.5 hours			
		81 hours			
		81.5 hours			
		82 hours			
		82.5 hours			
		83 hours			
		83.5 hours			
		84 hours			
		84.5 hours			
		85 hours			
		85.5 hours			
		86 hours			
		86.5 hours			
		87 hours			
		87.5 hours			
		88 hours			
		88.5 hours			
		89 hours			
		89.5 hours			
		90 hours			
		90.5 hours			
		91 hours			
		91.5 hours			
		92 hours			
		92.5 hours			
		93 hours			
		93.5 hours			
		94 hours			
		94.5 hours			
		95 hours			
		95.5 hours			
		96 hours			
		96.5 hours			
		97 hours			
		97.5 hours			
		98 hours			
		98.5 hours			
		99 hours			
		99.5 hours			
		100 hours			
		100.5 hours			
		101 hours			
		101.5 hours			
		102 hours			
		102.5 hours			
		103 hours			
		103.5 hours			
		104 hours			
		104.5 hours			
		105 hours			
		105.5 hours			
		106 hours			
		106.5 hours			
		107 hours			
		107.5 hours			
		108 hours			
		108.5 hours			
		109 hours			
		109.5 hours			
		110 hours			
		110.5 hours			
		111 hours			
		111.5 hours			
		112 hours			
		112.5 hours			
		113 hours			
		113.5 hours			
		114 hours			
		114.5 hours			
		115 hours			
		115.5 hours			
		116 hours			
		116.5 hours			
		117 hours			
		117.5 hours			
		118 hours			
		118.5 hours			
		119 hours			
		119.5 hours			
		120 hours			
		120.5 hours			
		121 hours			
		121.5 hours			
		122 hours			
		122.5 hours			
		123 hours			
		123.5 hours			
		124 hours			
		124.5 hours			
		125 hours			
		125.5 hours			
		126 hours			
		126.5 hours			
		127 hours			
		127.5 hours			
		128 hours			
		128.5 hours			
		129 hours			
		129.5 hours			
		130 hours			
		130.5 hours			
		131 hours			
		131.5 hours			
		132 hours			
		132.5 hours			
		133 hours			
		133.5 hours			
		134 hours			
		134.5 hours			
		135 hours			
		135.5 hours			
		136 hours			
		136.5 hours			
		137 hours			
		137.5 hours			
		138 hours			
		138.5 hours			
		139 hours			
		139.5 hours			
		140 hours			
		140.5 hours			
		141 hours			
		141.5 hours			
		142 hours			
		142.5 hours			
		143 hours			
		143.5 hours			
		144 hours			
		144.5 hours			
		145 hours			
		145.5 hours			
		146 hours			
		146.5 hours			
		147 hours			
		147.5 hours			
		148 hours			
		148.5 hours			
		149 hours			
		149.5 hours			
		150 hours			
		150.5 hours			
		151 hours			
		151.5 hours			
		152 hours			
		152.5 hours			
		153 hours			
		153.5 hours			
		154 hours			
		154.5 hours			
		155 hours			
		155.5 hours			
		156 hours			
		156.5 hours			
		157 hours			
		157.5 hours			

B-33

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		
PROV #1		PROV #2	
YES NO	YES NO	YES NO	YES NO
Have you seen this patient before?			
If yes, have you treated this patient for this problem before?			
REASON FOR #2 CARE PROVIDER			
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other		MARK ONLY ONE	

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance

☐ Acute problem

☐ Chronic Problem

☐ Trauma/Injury

☐ follow-up

☐ Surgical follow-up

DISPOSITION

☐ Discharged from clinic
☐ Return PRN
☐ Return appointment
☐ Admitted
☐ Expired

} **MARK ONLY ONE**

ORDERED
OUT OF CLINIC

LAB

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PRESCRIPTIONS

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

X RAYS

☐ Plain films

☐ Barium study

☐ IVP

☐ CT scan

☐ MR scan

☐ Ultrasound

☐ Nuclear med scan

☐ Angiographic study

☐ Other

OTHER

☐ Adaptive appliance/equip.

☐ EEG

☐ EKG

☐ Pul function

☐ EMG

PURPOSE OF VISIT	
Illness	<input type="radio"/> New <input type="radio"/> Revisit
Injury	<input type="radio"/> New <input type="radio"/> Revisit
Job Rel Med Surveillance	
<input type="radio"/>	Prepexa/Preassignment
<input type="radio"/>	Periodic
<input type="radio"/>	Baseline Health Assessment (light duty)
<input type="radio"/>	Pregnancy Surveillance
<input type="radio"/>	Chronic Disease Surveillance
<input type="radio"/>	Voluntary Health Screen
<input type="radio"/>	Follow-up

ADMINISTRATIVE REASON	
<input type="radio"/>	Fitness for Duty
<input type="radio"/>	Termination
<input type="radio"/>	Disability Retirement
<input type="radio"/>	Med Rec/Rpt Review/Eval
<input type="radio"/>	Med Eval to Support Claim Controversion
<input type="radio"/>	Med Eval of Emp Absent 2 or more weeks due to job related injury or disease

ADMINISTRATION

UCA DATA									
CLINIC CODE				INPATIENT OR REFERRAL CODE					
(1)	(A)	(A)	(A)	(A)	(A)	(A)	(A)	(A)	(A)
	(B)	(B)	(B)		(B)	(B)	(B)	(B)	(B)
(2)	(C)	(C)	(C)	(B)	(C)	(C)	(C)	(C)	(C)
	(D)	(D)	(D)		(D)	(D)	(D)	(D)	(D)
(3)	(E)	(E)	(E)	(C)	(E)	(E)	(E)	(E)	(E)
	(F)	(F)	(F)		(F)	(F)	(F)	(F)	(F)
(4)	(G)	(G)	(G)	(F)	(G)	(G)	(G)	(G)	(G)
	(H)	(H)	(H)		(H)	(H)	(H)	(H)	(H)
	(I)	(I)	(I)	(5)	(I)	(I)	(I)	(I)	(I)
	(J)	(J)	(J)		(J)	(J)	(J)	(J)	(J)
	(K)	(K)	(K)		(K)	(K)	(K)	(K)	(K)
	(L)	(L)	(L)		(L)	(L)	(L)	(L)	(L)
	(M)	(M)	(M)		(M)	(M)	(M)	(M)	(M)
	(N)	(N)	(N)		(N)	(N)	(N)	(N)	(N)
	(O)	(O)	(O)		(O)	(O)	(O)	(O)	(O)
	(P)	(P)	(P)		(P)	(P)	(P)	(P)	(P)
	(Q)	(Q)	(Q)		(Q)	(Q)	(Q)	(Q)	(Q)
	(R)	(R)	(R)		(R)	(R)	(R)	(R)	(R)
	(S)	(S)	(S)		(S)	(S)	(S)	(S)	(S)
	(T)	(T)	(T)		(T)	(T)	(T)	(T)	(T)
	(U)	(U)	(U)		(U)	(U)	(U)	(U)	(U)
	(V)	(V)	(V)		(V)	(V)	(V)	(V)	(V)
	(W)	(W)	(W)		(W)	(W)	(W)	(W)	(W)
	(X)	(X)	(X)		(X)	(X)	(X)	(X)	(X)
	(Y)	(Y)	(Y)		(Y)	(Y)	(Y)	(Y)	(Y)
	(Z)	(Z)	(Z)		(Z)	(Z)	(Z)	(Z)	(Z)

PLACE OF VISIT

☐ Clinic/Office

☐ Ward

☐ Telephone

☐ Home

Other _____

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

APPOINTMENT STATUS

☐ Scheduled

☐ Unscheduled

☐ Emergency

STATUS OF VISIT

1. Patient seen this clinic last 12 month

☐ Yes

☐ No

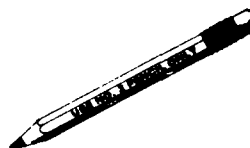
2. Patient being seen for new problem?

☐ Yes

☐ No

INSTRUCTIONS

- **DO NOT** use ink or ballpoint pen.
- **Make** each mark heavy and black.
- **Fill** ovals completely.
- **Erase** cleanly any mark you wish to change.
- **Make** no stray marks.



ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

OCCUPATIONAL HEALTH PATIENT

PATIENT

TODAY'S DATE				
DAY		MONTH	YEAR	
		<input type="radio"/> Jan		
		<input type="radio"/> Feb		
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> Mar	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> Apr	<input type="radio"/> 1	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> May	<input type="radio"/> 2	<input type="radio"/> 0
<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> Jun	<input type="radio"/> 3	<input type="radio"/> 0
	<input type="radio"/> 3	<input type="radio"/> Jul	<input type="radio"/> 4	<input type="radio"/> 0
	<input type="radio"/> 4	<input type="radio"/> Aug	<input type="radio"/> 5	<input type="radio"/> 0
	<input type="radio"/> 5	<input type="radio"/> Sep	<input type="radio"/> 6	<input type="radio"/> 0
	<input type="radio"/> 6	<input type="radio"/> Oct	<input type="radio"/> 7	<input type="radio"/> 0
	<input type="radio"/> 7	<input type="radio"/> Nov	<input type="radio"/> 8	<input type="radio"/> 0
	<input type="radio"/> 8	<input type="radio"/> Dec	<input type="radio"/> 9	<input type="radio"/> 0
	<input type="radio"/> 9		<input type="radio"/> 0	<input type="radio"/> 1

SPONSOR'S SSN							
(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

PATIENT INFORMATION	
FMP	BIRTHDAY
	DAY MONTH
	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

001407

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES																																																																																																																																																							
			1	2																																																																																																																																																						
INJURY <input type="checkbox"/> MEDICAL TREATMENT <input type="checkbox"/> FIRST AID INJURY BODY PART AFFECTED <input type="checkbox"/> HEAD <input type="checkbox"/> FACE <input type="checkbox"/> EYE <input type="checkbox"/> NECK <input type="checkbox"/> SHOULDER <input type="checkbox"/> UPPER ARM <input type="checkbox"/> ELBOW <input type="checkbox"/> FOREARM <input type="checkbox"/> WRIST <input type="checkbox"/> HAND <input type="checkbox"/> CHEST <input type="checkbox"/> ABDOMEN <input type="checkbox"/> BACK <input type="checkbox"/> PELVIS <input type="checkbox"/> HIP <input type="checkbox"/> THIGH <input type="checkbox"/> LOWER LEG <input type="checkbox"/> ANKLE <input type="checkbox"/> FOOT			HEARING CONSERVATION <input type="checkbox"/> 02015 AUDIOGRAM, PERIODIC <input type="checkbox"/> 02010 FOLLOW-UP 15 HOURS <input type="checkbox"/> 02011 FOLLOW-UP 40 HOURS <input type="checkbox"/> 02008 AUDIOGRAM, REFERENCE <input type="checkbox"/> 02009 AUDIOGRAM, 90-DAY <input type="checkbox"/> 02012 AUDIOGRAM, NON-JOB RELATED <input type="checkbox"/> 02013 AUDIOGRAM, TERMINATION <input type="checkbox"/> 02012 ISSUE/FIT PROTECTIVE DEVICE <input type="checkbox"/> 02014 OTOSCOPIC CHECK VISION CONSERVATION <input type="checkbox"/> 02223 CORNEAL STAIN <input type="checkbox"/> 02343 EVALUATION OF EYEWEAR <input type="checkbox"/> 02370 RT/ADJUST EYEWEAR <input type="checkbox"/> 02380 ISSUE PLANO <input type="checkbox"/> 02335 ISSUE PRESCRIPTION <input type="checkbox"/> 02100 TONOMETRY <input type="checkbox"/> 00043 VISION SCREENING HEALTH EDUCATION/COUNSEL <input type="checkbox"/> 02000 HEALTH PROMOTION <input type="checkbox"/> 02001 HEARING CONSERVATION <input type="checkbox"/> 02002 ON PROGRAM ORIENTATION <input type="checkbox"/> 02003 RADIATION PROTECTION			<input type="checkbox"/> 02004 RESPIRATORY PROTECTION <input type="checkbox"/> 02005 SUPERVISOR ORIENTATION <input type="checkbox"/> 02008 TOXIC HAZARD <input type="checkbox"/> 02007 VISION PROTECTION IMMUNIZATION <input type="checkbox"/> 00702 DT <input type="checkbox"/> 00731 HEPATITIS B <input type="checkbox"/> 00724 INFLUENZA <input type="checkbox"/> 00728 RABIES <input type="checkbox"/> 00708 RUBELLA <input type="checkbox"/> 00703 TETANUS TOXOID <input type="checkbox"/> 00714 TYPHOID <input type="checkbox"/> 00681 TB SKIN TEST (ADMMH) <input type="checkbox"/> 00682 TB SKIN TEST (READ) MEDICAL EXAM BY OH PROVIDER <input type="checkbox"/> 00024 COMPLETE <input type="checkbox"/> 00034 PARTIAL <input type="checkbox"/> 00018 RETURN TO WORK EXAM <input type="checkbox"/> 00300 EKG W/INTERPRETATION <input type="checkbox"/> 00141 CHEST X-RAY INTERPRETATION <input type="checkbox"/> 00410 SPIROMETRY <input type="checkbox"/> 02018 RADIATION PROTECT PROG <input type="checkbox"/> 02017 RESPIRATORY PROTECT PROG			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>														0	1	2	3	4	5	0	1	2	3	4	5																																																																																																																								
0	1	2	3	4	5	0	1	2	3	4	5																																																																																																																																															
NEOPLASMS/MALIGNANCIES <input type="checkbox"/> 114 COCCIDIOIDOMYCOSIS <input type="checkbox"/> 110 DEMATOPHYTOSIS <input type="checkbox"/> 0701 HEPATITIS A <input type="checkbox"/> 0703 HEPATITIS B <input type="checkbox"/> 0705 HEPATITIS NON A NON B <input type="checkbox"/> 115 HISTOPLASMOSES <input type="checkbox"/> 0589 RUBELLA <input type="checkbox"/> 0119 TUBERCULOSIS, PULMONARY <input type="checkbox"/> 1889 BLADDER <input type="checkbox"/> 1896 GENITALIA, UNSPEC <input type="checkbox"/> 1899 KIDNEY & OTHER URINARY ORGANS <input type="checkbox"/> 1550 LIVER, PRIMARY <input type="checkbox"/> 173 SKIN <input type="checkbox"/> 162 TRACHEA, BRONCHUS, LUNG			<input type="checkbox"/> 488 ACUTE BRONCHITIS & BRONCHOLITIS <input type="checkbox"/> 4842 ACUTE LARYNGITIS & TRACHEITIS <input type="checkbox"/> 480 ACUTE NASO-PHARYNGITIS <input type="checkbox"/> 4868 ALLERGIC ALVEOLITIS & PNEUMONITIS <input type="checkbox"/> 501 ASBESTOSIS <input type="checkbox"/> 493 ASTHMA <input type="checkbox"/> 5060 BRONCHITIS, CHEMICAL <input type="checkbox"/> 491 BRONCHITIS, CHRONIC <input type="checkbox"/> 496 COPD <input type="checkbox"/> 482 EMPHYSEMA <input type="checkbox"/> 47814 OTHER NASAL DISORD <input type="checkbox"/> 472 PHARYNGITIS/NASOPHARYNG, CHRONIC <input type="checkbox"/> 511 PLEURISY, EXCLD TBC <input type="checkbox"/> 503 PNEUMOCOCCUS DUE TO OTHER INORGANIC DUSTS <input type="checkbox"/> 502 PNEUMOCOCCUS SILICA <input type="checkbox"/> 508 RESPIRATORY COND DUE TO OTHER & UNSPEC EXTERNAL AGENTS <input type="checkbox"/> 477 RHINITIS, ALLERGIC			<input type="checkbox"/> 7890 ABDOMINAL PAIN <input type="checkbox"/> 7812 ABNORMAL GAIT <input type="checkbox"/> 7832 ABNORMAL WEIGHT LOSS <input type="checkbox"/> 7865 CHEST PAIN <input type="checkbox"/> 7809 CHILLS <input type="checkbox"/> 7800 COMA, ALTERED MENTAL STATE <input type="checkbox"/> 7804 DIZZINESS & GIDDINESS <input type="checkbox"/> 7860 DYSPNEA <input type="checkbox"/> 7807 FATIGUE/MALaise <input type="checkbox"/> 7806 FEVER OF UNKNOWN ORIGIN <input type="checkbox"/> 7840 HEADACHE <input type="checkbox"/> 7863 HEMOPTYSIS <input type="checkbox"/> 7870 NAUSEA/VOMITING <input type="checkbox"/> 7826 PALLOR OR FLUSHING <input type="checkbox"/> 7851 PALPITATIONS <input type="checkbox"/> 78201 PARESTHESIA <input type="checkbox"/> 6469 PREGNANCY COMPLICATION, NOS <input type="checkbox"/> 7803 SEIZURE DISOR, NOS <input type="checkbox"/> 78050 SLEEP DISOR, NOS <input type="checkbox"/> 7802 SYNCOPE & COLLAPSE <input type="checkbox"/> 7850 TACHYCARDIA <input type="checkbox"/> 36813 VISUAL DISCOMFORT			REFFERALS AND SUPPLEMENTAL DISPOSITION <input type="checkbox"/> Referred to other clinic <input type="checkbox"/> Referred to VA <input type="checkbox"/> Referred to other Fed. Fac. <input type="checkbox"/> Referred to civilian provider <input type="checkbox"/> Referred to civ. Health Dept. <input type="checkbox"/> Letters/Forms <input type="checkbox"/> Supplemental care <input type="checkbox"/> Champus for the handicapped <input type="checkbox"/> Other Champus <input type="checkbox"/> Quarters (military) <input type="checkbox"/> Home (non-military) <input type="checkbox"/> Work w/limitations <input type="checkbox"/> Profile <input type="checkbox"/> Specific preassigned clinic codes (1) (2) (3) (4) (5) (6) (7) (8) (9)																																																																																																																																																	
ENDOCRINE & METABOLIC DISEASE <input type="checkbox"/> 2765 VOLUME DISORDERS (DEPLETION)			<input type="checkbox"/> 570 ACUTE & SUBACUTE NECROSIS-LIVER <input type="checkbox"/> 5213 EROSION OF TEETH, OCCUP <input type="checkbox"/> 57332 HEPATITIS, TOXIC <input type="checkbox"/> 550 INGUINAL HERNIA <input type="checkbox"/> 532 ULCER, DUODENAL UNSPEC			<input type="checkbox"/> 949 BURN <input type="checkbox"/> 9919 COLD INJURY NOS <input type="checkbox"/> 850 CONCUSSION, ACUTE, NOS <input type="checkbox"/> 9249 CONTUSIONS <input type="checkbox"/> 9299 CRUSHING INJURY, UNSPEC SITE <input type="checkbox"/> 839 DISLOCATION <input type="checkbox"/> 993 EFFECTS OF AIR PRESSURE <input type="checkbox"/> 990 EFFECTS OF RADIATION <input type="checkbox"/> 9948 ELECTROCUTION <input type="checkbox"/> 930 FOREIGN BODY, EYE, EXTERNAL <input type="checkbox"/> 829 FRACTURE, NOS (CLOSED) <input type="checkbox"/> 8291 FRACTURE, NOS (OPEN) <input type="checkbox"/> 8929 HEAT INJURY NOS			UNLISTED DX (if not listed in columns above) <table border="1"> <tr> <th colspan="6">PRIMARY DX</th> <th colspan="6">SECONDARY DX</th> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>V</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> <td>V</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td> <td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td> </tr> <tr> <td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td> <td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td> </tr> <tr> <td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td> <td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td> </tr> <tr> <td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td> <td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td> </tr> <tr> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td> </tr> <tr> <td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td> <td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td> </tr> <tr> <td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td> <td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td> </tr> <tr> <td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td> <td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td> </tr> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> </table>		PRIMARY DX						SECONDARY DX																		V	0	0	0	0	0	V	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	9	9
PRIMARY DX						SECONDARY DX																																																																																																																																																				
V	0	0	0	0	0	V	0	0	0	0	0																																																																																																																																															
1	1	1	1	1	1	1	1	1	1	1	1																																																																																																																																															
2	2	2	2	2	2	2	2	2	2	2	2																																																																																																																																															
3	3	3	3	3	3	3	3	3	3	3	3																																																																																																																																															
4	4	4	4	4	4	4	4	4	4	4	4																																																																																																																																															
5	5	5	5	5	5	5	5	5	5	5	5																																																																																																																																															
6	6	6	6	6	6	6	6	6	6	6	6																																																																																																																																															
7	7	7	7	7	7	7	7	7	7	7	7																																																																																																																																															
8	8	8	8	8	8	8	8	8	8	8	8																																																																																																																																															
9	9	9	9	9	9	9	9	9	9	9	9																																																																																																																																															
DISEASES OF THE BLOOD <input type="checkbox"/> 284 ANEMIA, APLASTIC <input type="checkbox"/> 2838 ANEMIA, TOXIC, HEMOLYTIC <input type="checkbox"/> 2897 METHEMOGLOBINEMIA			<input type="checkbox"/> 634 ABORTION, SPONTANEOUS, COMPLETE <input type="checkbox"/> 584 ACUTE RENAL FAILURE <input type="checkbox"/> 585 CHRONIC RENAL FAILURE <input type="checkbox"/> 5997 HEMATURIA <input type="checkbox"/> 628 INFERTILITY, FEMALE <input type="checkbox"/> 608 INFERTILITY, MALE			<input type="checkbox"/> 829 FRACTURE, NOS (CLOSED) <input type="checkbox"/> 8291 FRACTURE, NOS (OPEN) <input type="checkbox"/> 8929 HEAT INJURY NOS			NO PROBLEM NOTED <input type="checkbox"/> V655 NO PROBLEM NOTED																																																																																																																																																	
MENTAL DISORDERS <input type="checkbox"/> 30390 ALCOHOL DEPENDENCE, UNSPEC <input type="checkbox"/> 3089 ACUTE REACTION TO STRESS, UNSPEC <input type="checkbox"/> 29301 CONFUSION STATE, ACUTE, ORGANIC <input type="checkbox"/> 300 NEUROTIC DISORDER <input type="checkbox"/> 3019 PERSONALITY DISORDER, UNSPEC <input type="checkbox"/> 30490 UNSPEC SUBSTANCE DEPENDENCE			DISEASE NERVOUS SYSTEM/SENSE ORGANS <input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME <input type="checkbox"/> 366 CATARACT <input type="checkbox"/> 37230 CONJUNCTIVITIS <input type="checkbox"/> 3237 ENCEPHALITIS, TOXIC <input type="checkbox"/> 345 EPILEPSY <input type="checkbox"/> 3739 INFLAMMATION OF LID UNSPEC <input type="checkbox"/> 3881 NOISE EFFECTS ON INNER EAR <input type="checkbox"/> 3801 OTITIS EXTERNA <input type="checkbox"/> 37024 PHOTOKERATITIS <input type="checkbox"/> 3577 POLYNEUROPATHY, TOXIC METABOLIC			SKIN DISEASES <input type="checkbox"/> 7061 ACNE <input type="checkbox"/> 692 CONTACT DERMATITIS & OTHER ECZEMA <input type="checkbox"/> 6921 DUE TO OILS & GREASES <input type="checkbox"/> 6924 DUE TO OTHER CHEMICAL PRODUCTS <input type="checkbox"/> 6926 DUE TO PLANTS <input type="checkbox"/> 6927 DUE TO SOLAR RADIATION <input type="checkbox"/> 6922 DUE TO SOLVENTS <input type="checkbox"/> 69289 DUE TO OTHER SPEC AGENTS			OTHER SPECIFIED METALS <input type="checkbox"/> 9851 ARSENIC <input type="checkbox"/> 9853 BERYLLIUM <input type="checkbox"/> 9855 CADMIUM <input type="checkbox"/> 9856 CHROMIUM <input type="checkbox"/> 9850 MERCURY <input type="checkbox"/> 9858 OTHER SPECIFIED METALS																																																																																																																																																	
CIRCULATORY SYSTEM DISEASES <input type="checkbox"/> 410 ACUTE MYOCARDIAL INFARCTION <input type="checkbox"/> 427 CARDIAC DYSRHYTHMIAS <input type="checkbox"/> 4148 CHRONIC ISCHEMIC HEART DISEASE <input type="checkbox"/> 401 HYPERTENSION, ESSENTIAL <input type="checkbox"/> 4430 RAYNAUD'S SYNDROME			<input type="checkbox"/> 72422 LOW BACK PAIN W/RADIATION <input type="checkbox"/> 72421 LOW BACK PAIN W/O RADIATION <input type="checkbox"/> 7270 SYNOVITIS/TENOSYNOVITIS <input type="checkbox"/> 72441 THORACIC RADICULITIS <input type="checkbox"/> 7181 TRAUMATIC ARTHRITIS			OTHER SPECIFIED METALS <input type="checkbox"/> 9851 ARSENIC <input type="checkbox"/> 9853 BERYLLIUM <input type="checkbox"/> 9855 CADMIUM <input type="checkbox"/> 9856 CHROMIUM <input type="checkbox"/> 9850 MERCURY <input type="checkbox"/> 9858 OTHER SPECIFIED METALS			OTHER SPECIFIED METALS <input type="checkbox"/> 9851 ARSENIC <input type="checkbox"/> 9853 BERYLLIUM <input type="checkbox"/> 9855 CADMIUM <input type="checkbox"/> 9856 CHROMIUM <input type="checkbox"/> 9850 MERCURY <input type="checkbox"/> 9858 OTHER SPECIFIED METALS																																																																																																																																																	

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
		5 minutes			
		10 minutes			
		15 minutes			
		20 minutes			
		30 minutes			
		45 minutes			
		1 hour			
		1 hour/30 minutes			
		2 hours			
		2 hours/30 minutes			
		3 hours			
		3 hours/30 minutes			
		4 hours			
		4 hours/30 minutes			
PROV #1		PROV #2			
YES	NO	YES	NO		
Have you seen this patient before?					
If yes, have you treated this patient for this problem before?					
REASON FOR #2 CARE PROVIDER					
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other					
MARK ONLY ONE					

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

- ☐ Health maintenance
☐ Acute problem
☐ Chronic Problem
☐ Trauma/Injury follow-up
☐ Surgical follow-up

DISPOSITION

- ☐ Discharged from clinic
☐ Return PRN
☐ Return appointment
☐ Admitted
☐ Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

① ② ③ ④ ⑤
⑥ ⑦ ⑧ ⑨ ±

PRESCRIPTIONS

① ② ③ ④ ⑤
⑥ ⑦ ⑧ ⑨ ±

X RAYS

- ☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

- ☐ Adaptive appliance/equip.
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

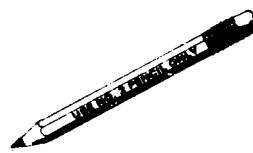
- ☐ Referred to other clinic
☐ Referred to VA
☐ Referred to other Fed. Fac.
☐ Referred to civilian provider
☐ Referred to civ. Health Dept.
☐ Letters/Forms
☐ Supplemental care
☐ Champus for the handicapped
☐ Other Champus
☐ Quarters (military)
☐ Home (non-military)
☐ Work w/limitations
☐ Profile
☐ Specific preassigned clinic codes

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA



OCCUPATIONAL THERAPY PATIENT

PATIENT

BIRTH DATE		
DAY	MONTH	YEAR
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	31

SPONSOR		
DAY	MONTH	YEAR
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	31

PATIENT INFORMATION		
FMP	BIRTH DATE	
	DAY	MONTH
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	31

ADMINISTRATION

CLINIC DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31

PLACE OF VISIT	
<input type="radio"/> Clinic/Office	MAP
<input type="radio"/> Ward	ONL
<input type="radio"/> Telephone	ONI
<input type="radio"/> Home	
<input type="radio"/> Other	
① ② ③ ④ ⑤	

APPOINTMENT STATUS	
<input type="radio"/> Scheduled	MAP
<input type="radio"/> Unscheduled	ONL
<input type="radio"/> Emergency	ONI

STATUS OF VISIT	
1. Patient seen this clinic last 12 months?	
<input type="radio"/> Yes	
<input type="radio"/> No	
2. Patient being seen for new problem?	
<input type="radio"/> Yes	
<input type="radio"/> No	

000135

EVALUATION SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES			
		1	2		
ADL/OCCUPATIONAL PERFORMANCE <input type="checkbox"/> 04002 HOME/WORK/SCHOOL <input type="checkbox"/> 04003 PLAY/LEISURE ABILITY <input type="checkbox"/> 04001 SELF CARE <input type="checkbox"/> 04006 COGNITIVE FUNCTION <input type="checkbox"/> 04052 DEVELOPMENTAL STATUS <input type="checkbox"/> 90765 EFMP ASSESSMENT NEUROMUSCULAR STATUS <input type="checkbox"/> 04015 COORDINATION <input type="checkbox"/> 04012 DEXTERITY <input type="checkbox"/> 04016 ENDURANCE <input type="checkbox"/> 04019 INTEGRATION OF REFLEXES <input type="checkbox"/> 04021 MUSCULOSKELETAL SCREENING <input type="checkbox"/> 04011 RANGE OF MOTION <input type="checkbox"/> 04017 SENSATION <input type="checkbox"/> 04020 SENSORY MOTOR DEVELOPMENT <input type="checkbox"/> 04014 STRENGTH <input type="checkbox"/> 04018 TONE, MOVEMENT & CONTROL <input type="checkbox"/> 04013 VASCULAR STATUS <input type="checkbox"/> 04051 PERCEPTUAL STATUS <input type="checkbox"/> 04053 PROSTHETIC CHECKOUT <input type="checkbox"/> 04005 PSYCHOLOGICAL SKILLS <input type="checkbox"/> 03003 SKIN FOLD CALIPER (AWCP)		<input type="checkbox"/> 04004 SOCIAL COMM SKILLS <input type="checkbox"/> 04050 OTHER EVALUATION ADL/OCCUPATIONAL PERFORMANCE <input type="checkbox"/> 04083 HOME/WORK/SCHOOL <input type="checkbox"/> 04064 PLAY/LEISURE ABILITY <input type="checkbox"/> 04082 PRE-VOC ASSESSMENT TRAINING <input type="checkbox"/> 04061 SELF CARE COGNITIVE FUNCTION <input type="checkbox"/> 04083 COMPREHENSION <input type="checkbox"/> 04084 CONCEPTUALIZATION <input type="checkbox"/> 04081 ORIENTATION <input type="checkbox"/> 04086 PROBLEM SOLVING ABILITY <input type="checkbox"/> 04082 SEQUENCING <input type="checkbox"/> 04085 VISUAL MOTOR PERCEPTION TRNG PHYSICAL FUNCTION <input type="checkbox"/> 04089 DEVELOP NORMAL TONE, MOVEMENT, CONTROL <input type="checkbox"/> 04091 DEXTERITY <input type="checkbox"/> 04093 EDEMA CONTROL <input type="checkbox"/> 04096 ENDURANCE <input type="checkbox"/> 04092 GROSS/FINE MOTOR COORD <input type="checkbox"/> 04098 INTEGRATE APPROP REFLEXES <input type="checkbox"/> 04101 JOINT PROTECTION TECHNIQUES <input type="checkbox"/> 04102 ORTHOTIC FABRICATION/TMG <input type="checkbox"/> 04104 PAIN REDUCTION <input type="checkbox"/> 04100 PROMOTE ADAPTIVE RESPONSES <input type="checkbox"/> 04103 PROSTHETIC TRAINING <input type="checkbox"/> 04094 RANGE OF MOTION <input type="checkbox"/> 04087 SENSATION <input type="checkbox"/> 04095 STRENGTH SOCIAL COMMUNICATION SKILLS <input type="checkbox"/> 04071 AWARENESS OF SELF <input type="checkbox"/> 04072 COPING BEHAVIOR/ADAPTATION <input type="checkbox"/> 04073 LISTENING SKILLS <input type="checkbox"/> 04074 RESUMPTION OF ROLES <input type="checkbox"/> 04075 SELF CONTROL <input type="checkbox"/> 04076 SELF ESTEEM <input type="checkbox"/> 04077 SELF EXPRESSION <input type="checkbox"/> 04078 SELF IDENTITY <input type="checkbox"/> 04079 SENSITIVITY TO OTHERS OTHER PROCEDURES <input type="checkbox"/> 90915 BIOFEEDBACK <input type="checkbox"/> 04123 BURN PROTOCOL <input type="checkbox"/> 99155 COUNSELING <input type="checkbox"/> 03010 DISCHARGE PLANNING <input type="checkbox"/> 90011 DRESSING CHANGE			
ROLE OUT <input type="checkbox"/> 1° <input type="checkbox"/> 2°		ADDITIONAL PROCEDURES <input type="checkbox"/> 04128 GROUP THERAPY <input type="checkbox"/> 04122 INFANT STIMULATION <input type="checkbox"/> 04129 PHYSICAL TMG/RECONDITIONING <input type="checkbox"/> 04125 STRESS MANAGEMENT <input type="checkbox"/> 04121 WORK SIMPLIFICATION/ENERGY CONSERV <input type="checkbox"/> 04126 WORK THERAPY <input type="checkbox"/> 04127 WOUND MANAGEMENT <input type="checkbox"/> 04130 OTHER PROCEDURE			
GENERAL MEDICAL PROBLEMS <input type="checkbox"/> 3099 ADJUSTMENT DISORDER <input type="checkbox"/> 29690 AFFECTIVE DISORDER <input type="checkbox"/> 30710 ANOREXIA NERVOSA <input type="checkbox"/> 3000 ANXIETY DISORDER <input type="checkbox"/> 3129 CONDUCT DISORDER <input type="checkbox"/> 311 DEPRESSION <input type="checkbox"/> 30580 DRUG ABUSE <input type="checkbox"/> 30490 DRUG DEPENDENCE <input type="checkbox"/> 319 MENTAL RETARDATION <input type="checkbox"/> 7170 NP OBSERVATION <input type="checkbox"/> 3109 ORGANIC BRAIN DISORDER <input type="checkbox"/> 2979 PARANOID DISORDER <input type="checkbox"/> 3019 PERSONALITY/CHARACTER DISORDER <input type="checkbox"/> 2989 PSYCHOTIC DISORDER <input type="checkbox"/> 29590 SCHIZOPHRENIC DISORDER <input type="checkbox"/> 30081 SOMATOFORM DISORDER <input type="checkbox"/> 95991 SUICIDE ATTEMPT <input type="checkbox"/> 30090 OTHER MENTAL DISORDER <input type="checkbox"/> 2899 BLOOD DISORDER <input type="checkbox"/> 949 BURNS <input type="checkbox"/> 19912 CANCER <input type="checkbox"/> 42990 CARDIAC DISEASE <input type="checkbox"/> 78092 CHRONIC PAIN <input type="checkbox"/> 7109 COLLAGEN DISEASE <input type="checkbox"/> 7599 ENDOCRINE DISORDER <input type="checkbox"/> 37990 EYE DISORDER <input type="checkbox"/> 3889 EAR DISORDER <input type="checkbox"/> 56491 GI DISORDER <input type="checkbox"/> 5998 GU DISORDER <input type="checkbox"/> 401 HYPERTENSION <input type="checkbox"/> 59390 KIDNEY DISEASE <input type="checkbox"/> 8798 LACERATION <input type="checkbox"/> 5739 LIVER DISEASE <input type="checkbox"/> 47814 NASAL DISORDER <input type="checkbox"/> 5259 ORAL/DENTAL PROBLEM <input type="checkbox"/> 6469 PREGNANCY COMPLICATION <input type="checkbox"/> 5139 RESPIRATORY DISEASE <input type="checkbox"/> 0999 SEXUALLY TRANSMITTED DISEASE <input type="checkbox"/> 7099 SKIN DISORDER <input type="checkbox"/> 6869 SKIN INFECTION <input type="checkbox"/> 7100 SYSTEMIC LUPUS ERYTHEMATOSUS <input type="checkbox"/> 4599 VASCULAR DISEASE		MUSCULOSKELETAL PROBLEMS <input type="checkbox"/> 33520 AMYOTROPHIC LATERAL SCLEROSIS <input type="checkbox"/> 31400 ATTENTION DEFICIT DISORDER <input type="checkbox"/> 23863 BRAIN TUMOR <input type="checkbox"/> 3000 CEREBRAL PALSY <input type="checkbox"/> 7803 CONVULSIONS/SEIZURE <input type="checkbox"/> 95883 CRANIOTOMY <input type="checkbox"/> 438 CVA <input type="checkbox"/> 2900 DEMENTIA/SENILITY <input type="checkbox"/> 7834 DEVELOPMENTAL DELAY-PHYSIOLOGIC <input type="checkbox"/> 7872 DYSPHAGIA <input type="checkbox"/> 3483 ENCEPHALOPATHY (UNSPEC) <input type="checkbox"/> 345 EPILEPSY <input type="checkbox"/> 3570 GURLLAIN BARRE SYNDROME <input type="checkbox"/> 8543 HEAD TRAUMA <input type="checkbox"/> 31401 HYPERACTIVITY <input type="checkbox"/> 31491 MINIMAL BRAIN DYSFUNCTION <input type="checkbox"/> 340 MULTIPLE SCLEROSIS <input type="checkbox"/> 35910 MUSCULAR DYSTROPHY <input type="checkbox"/> 3580 MYASTHENIA GRAVIS <input type="checkbox"/> 21593 NEUROMA <input type="checkbox"/> 35592 NEUROPATHY <input type="checkbox"/> 332 PARKINSON'S DISEASE <input type="checkbox"/> 95791 PERIPHERAL NERVE INJURY <input type="checkbox"/> 74190 SPINA BIFIDA <input type="checkbox"/> 9529 SPINAL CORD INJURY <input type="checkbox"/> 3499 OTHER CNS DISORDER <input type="checkbox"/> 95895 AMPUTATION AFTERCARE <input type="checkbox"/> 7245 BACK PAIN <input type="checkbox"/> 71599 BASAL JOINT ARTHROSIS <input type="checkbox"/> 73621 BOUTONNIERE DEFORMITY (UNRELATED TO ARTHRITIS) <input type="checkbox"/> 7273 BURSITIS <input type="checkbox"/> 72690 CAPSULITIS <input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME <input type="checkbox"/> 3544 CAUSALGIA <input type="checkbox"/> 6829 CELLULITIS <input type="checkbox"/> 95880 COMPARTMENT SYNDROMES <input type="checkbox"/> 7599 CONGENITAL DEFORMITY <input type="checkbox"/> 71840 CONTRACTURE <input type="checkbox"/> 72704 DE QUERVAIN'S SYNDROME <input type="checkbox"/> 839 DISLOCATION <input type="checkbox"/> 7286 DUPUYTREN'S CONTRACTURE <input type="checkbox"/> 7823 EDEMA <input type="checkbox"/> 829 FRACTURE <input type="checkbox"/> 9913 FROSTBITE <input type="checkbox"/> 72743 GANGLION CYST <input type="checkbox"/> 9150 HYPERSENSITIVITY <input type="checkbox"/> 13691 INFECTION <input type="checkbox"/> 71948 JOINT PAIN/BACK <input type="checkbox"/> 9436 JOINT REPLACEMENT/ARTHROPLASTY <input type="checkbox"/> 7195 JOINT STIFFNESS <input type="checkbox"/> 7361 Mallet FINGER <input type="checkbox"/> 70624 MUCOUS CYST <input type="checkbox"/> 7289 MUSCLE WEAKNESS <input type="checkbox"/> 35595 NERVE ENTRAPMENT SYNDROME		NERVE PALS <input type="checkbox"/> 35596 ANTERIOR INTEROSSEOUS <input type="checkbox"/> 35594 POSTERIOR INTEROSSEOUS <input type="checkbox"/> 3543 RADIAL <input type="checkbox"/> 3542 ULNAR (TUNNEL OF GUYON S) <input type="checkbox"/> 71580 OSTEOARTHRITIS <input type="checkbox"/> 3449 PARALYSIS/PARESIS <input type="checkbox"/> 6819 PARONYCHIA <input type="checkbox"/> 4430 RAYNAUD'S PHENOMENON <input type="checkbox"/> 33791 REFLEX SYMPATHETIC DYSTROI <input type="checkbox"/> 7140 RHEUMATOID ARTHRITIS <input type="checkbox"/> 7373 SCLIOSIS/KYPHOSCOLIOSIS <input type="checkbox"/> 78201 SENSORY NEUROPATHY/PARESTHESIA <input type="checkbox"/> 33792 SHOULDER-HAND SYNDROME <input type="checkbox"/> 72400 SPINAL STENOSIS <input type="checkbox"/> 7209 SPONDYLITIS <input type="checkbox"/> 848 STRAIN/SPRAIN <input type="checkbox"/> 7337 SUDECK'S ATROPHY <input type="checkbox"/> 73622 SWAN NECK DEFORMITIES (UNRELATED TO ARTHRITIS) <input type="checkbox"/> 72700 SYNOVITIS <input type="checkbox"/> 8487 TENDON LACERATION <input type="checkbox"/> 72692 TENDINITIS <input type="checkbox"/> 72632 TENNIS ELBOW <input type="checkbox"/> 72707 TENOSYNOVITIS <input type="checkbox"/> 3530 THORACIC OUTLET SYNDROME <input type="checkbox"/> 72703 TRIGGER FINGER/THUMB <input type="checkbox"/> 2399 TUMOR V655 NO PROBLEM NOTED	

JOB RELATED ILL/INJ (NOT LOD DET)	
Yes	No
UNLISTED DX (if not listed in columns above)	
PRIMARY DX	SECONDARY DX
V 0 0 0 0 0 0 1 1 1 1 1 1 S 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 5 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 8 8 8 8 8 8 9 9 9 9 9 9	V 0 0 0 0 0 0 1 1 1 1 1 1 S 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 5 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 8 8 8 8 8 8 9 9 9 9 9 9

ADMINISTRATION

UCA DATA									
CLINIC CODE				IMPATIENT OR REFERRAL CODE					
B	(A)	(A)	(A)	A	(A)	(A)	(A)		
	(B)	(B)	(B)		(B)	(B)	(B)		
D	(C)	(C)	(C)	B	(C)	(C)	(C)		
	(D)	(D)	(D)		(D)	(D)	(D)		
F	(E)	(E)	(E)	C	(E)	(E)	(E)		
	(F)	(F)	(F)		(F)	(F)	(F)		
(S)	(G)	(G)	(G)	F	(G)	(G)	(G)		
	(H)	(H)	(H)		(H)	(H)	(H)		
	(I)	(I)	(I)	(S)	(I)	(I)	(I)		
	(J)	(J)	(J)		(J)	(J)	(J)		
	(K)	(K)	(K)		(K)	(K)	(K)		
	(L)	(L)	(L)		(L)	(L)	(L)		
	(M)	(M)	(M)		(M)	(M)	(M)		
	(N)	(N)	(N)		(N)	(N)	(N)		
	(O)	(O)	(O)		(O)	(O)	(O)		
	(P)	(P)	(P)		(P)	(P)	(P)		
	(Q)	(Q)	(Q)		(Q)	(Q)	(Q)		
	(R)	(R)	(R)		(R)	(R)	(R)		
	(S)	(S)	(S)		(S)	(S)	(S)		
	(T)	(T)	(T)		(T)	(T)	(T)		
	(U)	(U)	(U)		(U)	(U)	(U)		
	(V)	(V)	(V)		(V)	(V)	(V)		
	(W)	(W)	(W)		(W)	(W)	(W)		
	(X)	(X)	(X)		(X)	(X)	(X)		
	(Y)	(Y)	(Y)		(Y)	(Y)	(Y)		
	(Z)	(Z)	(Z)		(Z)	(Z)	(Z)		

PLACE OF VISIT

☐ Clinic / Office
 ☐ Ward
 ☐ Telephone
 ☐ Home
 ☐ Other

(1) (2) (3) (4) (5)

APPOINTMENT STATUS

☐ Scheduled
 ☐ Unscheduled
 ☐ Emergency

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes
 ☐ No

2. Patient being seen for new problem?

☐ Yes
 ☐ No

000897

B-38

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
		5 minutes			
		10 minutes			
		15 minutes			
		20 minutes			
		30 minutes			
		45 minutes			
		1 hour			
		1 hour/30 minutes			
		2 hours			
		2 hours/30 minutes			
		3 hours			
		3 hours/30 minutes			
		4 hours			
		4 hours/30 minutes			
PROV #1		PROV #2			
YES NO		YES NO			
Have you seen this patient before?					
If yes, have you treated this patient for this problem before?					
REASON FOR #2 CARE PROVIDER					
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other					
MARK ONLY ONE					

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)	
<input type="radio"/>	Health maintenance
<input type="radio"/>	Acute problem
<input type="radio"/>	Chronic Problem
<input type="radio"/>	Trauma/Injury follow-up
<input type="radio"/>	Surgical follow-up

DISPOSITION	
<input type="radio"/>	Discharged from clinic
<input type="radio"/>	Return PRN
<input type="radio"/>	Return appointment
<input type="radio"/>	Admitted
<input type="radio"/>	Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC	
LAB	
<input type="radio"/>	1 2 3 4 5
<input type="radio"/>	6 7 8 9 10
PRESCRIPTIONS	
<input type="radio"/>	1 2 3 4 5
<input type="radio"/>	6 7 8 9 10
X RAYS	
<input type="radio"/>	Plain films
<input type="radio"/>	Barium study
<input type="radio"/>	IVP
<input type="radio"/>	CT scan
<input type="radio"/>	MR scan
<input type="radio"/>	Ultrasound
<input type="radio"/>	Nuclear med scan
<input type="radio"/>	Angiographic study
<input type="radio"/>	Other
OTHER	
<input type="radio"/>	Adaptive appliance/equip.
<input type="radio"/>	EEG
<input type="radio"/>	EKG
<input type="radio"/>	Pul function
<input type="radio"/>	EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION	
<input type="radio"/>	Referred to other clinic
<input type="radio"/>	Referred to VA
<input type="radio"/>	Referred to other Fed. Fac.
<input type="radio"/>	Referred to civilian provider
<input type="radio"/>	Referred to civ. Health Dept.
<input type="radio"/>	Letters/Forms
<input type="radio"/>	Supplemental care
<input type="radio"/>	Champus for the handicapped
<input type="radio"/>	Other Champus
<input type="radio"/>	Quarters (military)
<input type="radio"/>	Home (non-mil.,ary)
<input type="radio"/>	Work w/limitations
<input type="radio"/>	Profile
<input type="radio"/>	Specific preassigned clinic codes

(MARK AS MANY AS APPLICABLE)

1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

OPHTHALMOLOGY/OPTOMETRY
PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN	
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION			
FMP	BIRTHDATE		
0 1 2 3 4 5 6 7 8 9	DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PLACE OF VISIT	
<input type="radio"/> Clinic/Office <input type="radio"/> Ward <input type="radio"/> Telephone <input type="radio"/> Home <input type="radio"/> Other	MARK ONLY ONE

APPOINTMENT STATUS	
<input type="radio"/> Scheduled <input type="radio"/> Unscheduled <input type="radio"/> Emergency	MARK ONLY ONE

STATUS OF VISIT	
-----------------	--

1. Patient seen this clinic last 12 months?

Yes
No

2. Patient being seen for new problem?

Yes
No

139019

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

☐ 92375 SPECTACLE PROCEDURE
(FIT, ORDER, ADJUST)

GENERAL EYE EXAM

☐ 92001 TRIAGE
☐ 90016 LIMITED
☐ 92004 COMPREHENSIVE
☐ 90850 CONSULTATIVE

FLIGHT EXAM

☐ 92290 CLASS 2
☐ 92291 CLASS 3
☐ 92292 CLASS ATC

CONTACT LENS

☐ 92492 EVALUATION
☐ 92493 FOLLOW-UP

LOW VISION

☐ 92021 EVALUATION
☐ 90202 FOLLOW-UP
☐ 92497 REFRACTION, MANUAL
☐ 92498 REFRACTION, AUTOMATED

BINOCULAR VISION TRAINING

☐ 92065 EVALUATION
☐ 92066 FOLLOW-UP
☐ 92263 COLOR VISION
☐ 92282 CONTRAST SENSITIVITY
☐ 92284 DARK ADAPTATION
☐ 92270 ELECTRO-OCULOGRAPHY
☐ 92275 ELECTRORETINOGRAPHY
☐ 92235 FLUORESCENT ANGIOGRAPHY
☐ 92020 GONIOSCOPY
☐ 95780 KERATOMETRY
☐ 92481 LENSMETRY
☐ 92289 OPHTHALMODYNAMOMETRY
☐ 92085 PERIMETRY, AUTOMATED
☐ 92083 PERIMETRY, GOLDMANN
☐ 92086 PERIMETRY, TANGENT SCREEN
☐ 92286 PHOTOGRAPHY, ANTESEGMENT
☐ 92285 PHOTOGRAPHY, EXTERNAL
☐ 92250 PHOTOGRAPHY, FUNDUS
☐ 92081 POTENTIAL ACUITY METER
☐ 92120 TONOGRAPHY
☐ 92100 TONOMETRY

☐ 70516 ULTRASONOGRAPHY A-SCAN
☐ 70517 ULTRASONOGRAPHY B-SCAN
☐ 92280 VISUAL EVOKED RESPONSE
☐ 68100 BIOPSY, CONJUNCTIVA
☐ 67810 BIOPSY, EYELID
☐ 15820 BLEPHAROPLASTY, LOWER EYELID
☐ 15822 BLEPHAROPLASTY, UPPER EYELID
☐ 66683 CRYOTHERAPY, CILIARY BODY
☐ 67103 CRYOTHERAPY, RETINAL
☐ 67851 DESTRUCTION, EYELID LESION
☐ 66820 DISCISSION, SECONDARY MEMBRANE
☐ 65420 EXCISION OF PTERYGIUM
☐ 92018 EYE EXAM UNDER ANESTHESIA
☐ 67500 INJECTION, RETROBULBAR
☐ 68200 INJECTION, SUBCONJUNCTIVAL
☐ 92005 IRRIGATION, EYE
☐ 92330 OCULAR PROSTHETICS PROCEDURE
☐ 65800 PARACENTESIS
☐ 66763 PHOTOCOAGULATION, ANTESEGMENT
☐ 67105 PHOTOCOAGULATION, RETINA
☐ 68820 PROBING OF NASOLACRIMAL DUCT

1										2									
0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

☐ 67840 REMOVAL, EYELID LESION
☐ 65224 REMOVAL, FOREIGN BODY
☐ 68111 REMOVAL, LESION OF CONJUNCTIVA
☐ 67314 REPAIR OF ECTROPION
☐ 67921 REPAIR OF ENTROPION
☐ 12010 REPAIR OF LACERATION (EYELID)
☐ 13149 REPAIR OF LACERATION (FULL THICKNESS)
☐ 67880 TARSORRHAPHY

RULE OUT

☐ 1° ☐ 2°

☐ 36800 AMBLYOPIA
☐ 36731 ANISOMETROPIA
☐ 36720 ASTIGMATISM
☐ 36830 BINOCULAR VISION DEFICIENCIES
☐ 3685 COLOR VISION DEFICIENCIES
☐ 3682 DIPLOPIA
☐ 36700 HYPEROPIA
☐ 3671 MYOPIA
☐ 36860 NIGHT BLINDNESS
☐ 3674 PRESBYOPIA
☐ 3690 PROFOUND VISUAL IMPAIRMENT
☐ 36810 SUBJECTIVE VISUAL DISTURBANCE
☐ 36840 VISUAL FIELD DEFECT

☐ 74320 BUPHTHALMOS
☐ 7434 CONG ANOM, ANTERIOR SEGMENT
☐ 7436 CONG ANOM, OCULAR ADNEXA
☐ 7435 CONG ANOM, POSTERIOR SEGMENT
☐ 74310 MICROPHthalmOS
☐ 75510 PREMATURITY

☐ 3730 BLEPHARITIS
☐ 3732 CHALAZION
☐ 37450 DEGENERATIVE DISORDERS
☐ 3741 ECTROPION
☐ 3740 ENTROPION
☐ 3731 HORDEOLUM
☐ 3735 INFECTIVE DERMATITIS
☐ 3733 NON-INFECTIOUS DERMATOSIS
☐ 37430 PTOSIS
☐ 3744 SENSORIMOTOR DISORDERS

☐ 3750 DACHRYADENITIS
☐ 3752 EPIPHORA
☐ 3753 INFLAMMATION, ACUTE
☐ 3754 INFLAMMATION, CHRONIC
☐ 3755 STENOSIS OR INSUFFICIENCY

☐ 37650 ENOPHTHALMOS
☐ 37630 EXOPHTHALMOS
☐ 3762 EXOPHTHALMOS ENDOCRINE
☐ 3760 INFLAMMATION ACUTE
☐ 3761 INFLAMMATION, CHRONIC
☐ 37681 ORBITAL CYST

☐ 37840 ABNORMALITIES OF PUPIL
☐ 3775 DISORDERS OF CHIASM
☐ 3777 DISORDERS OF VISUAL CORTEX
☐ 3778 DISORDERS OF VISUAL PATHWAYS
☐ 351 FACIAL (7th) NERVE PALS
☐ 348 MIGRAINE
☐ 35800 MYASTHENIA GRAVIS
☐ 37850 NYSTAGMUS
☐ 3771 OPTIC ATROPHY
☐ 3772 OPTIC DISC ANOMALIES
☐ 3770 OPTIC DISC EDEMA
☐ 3773 OPTIC NEURITIS
☐ 3774 OTHER DIS OF OPTIC NERVE
☐ 350 TRIGEMINAL (5th) NERVE DIS

☐ 2246 BENIGN, CHOROID
☐ 2243 BENIGN, CONJUNCTIVA
☐ 2244 BENIGN, CORNEA
☐ 2161 BENIGN, EYELID
☐ 2242 BENIGN, LACRIMAL
☐ 2241 BENIGN, ORBIT
☐ 2245 BENIGN, RETINA
☐ 1906 MALIGNANT, CHOROID
☐ 1903 MALIGNANT, CONJUNCTIVA
☐ 1731 MALIGNANT, EYELID
☐ 1902 MALIGNANT, LACRIMAL
☐ 1920 MALIGNANT, OPTIC NERVE
☐ 1901 MALIGNANT, ORBIT
☐ 1905 MALIGNANT, RETINA

☐ 940 BURN, EYE & ADNEXA
☐ 9219 CONTUSION OF EYE
☐ 930 FOREIGN BODY, EYE, EXTERNAL
☐ 8026 FRACTURE, BLOW-OUT
☐ 80281 FRACTURE, OTHER ORBITAL
☐ 951 INJURY TO CRANIAL NERVES (EXC IN)
☐ 950 INJURY TO OPTIC NERVE & PATHWAYS
☐ 8700 LACERATION, EYELID
☐ 8702 LACERATION, LACRIMAL PASSAGE
☐ 8719 OPEN WOUND OF EYE
☐ 8717 PENETRATION OF EYE
☐ 918 SUPERFICIAL INJURY EYE & ADNEXA

☐ 3788 DISORDERS OF BINOCULAR MOVEMENT
☐ 37871 DUANE'S SYNDROME
☐ 3780 ESOTROPIA
☐ 37835 ESOTROPIA, ACCOMMODATIVE
☐ 3781 EXOTROPIA
☐ 37831 HYPERTROPIA
☐ 37834 MONOFIXATION SYNDROME
☐ 3786 STRABISMUS, MECHANICAL
☐ 3785 STRABISMUS, PARALYTIC
☐ 3787 STRABISMUS, OTHER

☐ 3722 BLEPHARO-CONJUNCTIVITIS
☐ 37250 CONJUNCTIVAL DEGENERATION
☐ 3720 CONJUNCTIVITIS, ACUTE
☐ 3721 CONJUNCTIVITIS, CHRONIC
☐ 3724 PTERYGIUM
☐ 3727 VASCULAR DISORDERS & CYSTS
☐ 3714 CORNEAL DEGENERATION
☐ 37150 CORNEAL DYSTROPHY
☐ 3712 CORNEAL EDEMA
☐ 3706 CORNEAL NEOVASCULARIZATION
☐ 3711 CORNEAL PIGMENTATION
☐ 3710 CORNEAL SCARS & OPACITIES
☐ 3700 CORNEAL ULCER
☐ 3705 KERATITIS, INTERSTITIAL & DEEP
☐ 3702 KERATITIS, SUPERFICIAL
☐ 3703 KERATOCONJUNCTIVITIS
☐ 3716 KERATOCONUS

☐ 36441 HYPHEMA
☐ 36405 HYPOPYON
☐ 36400 IRIDOCYCLITIS, ACUTE & SUBACUTE
☐ 36410 IRIDOCYCLITIS, CHRONIC
☐ 3646 IRIS & CILIARY BODY CYSTS
☐ 3647 IRIS ADHESIONS & DISRUPTIONS
☐ 3645 IRIS DEGENERATIONS
☐ 36442 RUBECOSIS IRIDIS
☐ 36511 PRIMARY OPEN-ANGLE
☐ 3652 PRIMARY ANGLE-CLOSURE
☐ 3656 SECONDARY
☐ 3650 SUSPECT
☐ 3654 W/CONGENITAL ANOMALIES

☐ 37931 APHAKIA
☐ 36605 CATARACT, INFANTILE
☐ 3663 CATARACT, SECONDARY
☐ 3661 CATARACT, SENILE
☐ 3662 CATARACT, TRAUMATIC
☐ 3665 POST CATARACT
OPACIFICATION
☐ 37932 SUBLUXATION
OF LENS

☐ 37908 EPISCLERITIS
☐ 37907 POSTERIOR SCLEROSIS
☐ 3791 OTHER DISORDERS OF SCLERA
☐ 36310 CHORIO-RETINITIS, DISSEMINATED
☐ 36300 CHORIO-RETINITIS, FOCAL
☐ 3634 CHOROID DEGENERATION
☐ 3635 CHOROIDAL DYSTROPHIES-HEREDITARY
☐ 36250 MACULAR DEGENERATION
☐ 36130 RETINAL BREAKS
☐ 3626 RETINAL DEGENERATIONS-PERIPHERAL
☐ 3610 RETINAL DETACHMENT W/BREAK
☐ 3612 RETINAL DETACHMENT, SEROUS
☐ 3618 RETINAL DETACHMENT, OTHER INCL TRACTION
☐ 3627 RETINAL DYSTROPHIES, HEREDITARY
☐ 3620 RETINOPATHY, DIABETIC
☐ 3622 RETINOPATHY, NON-DIABETIC, PROLF
☐ 3621 RETINOPATHY, VASCULAR
☐ 3611 RETINOSCHISIS AND RETINAL CYSTS
☐ 3628 RETINAL DISORDERS, OTHER
☐ 37921 VITREOUS DEGENERATION, DETACHMENT
☐ 37923 VITREOUS HEMORRHAGE
☐ 37924 VITREOUS OPACITIES

☐ 36042 ABSOLUTE GLAUCOMA
☐ 3602 DEGENERATIVE DISORDERS, GLOBE
☐ 3600 ENDOPTHALMITIS
☐ 3603 HYPOTONY
☐ 36083 LOSS OF EYE, AFTERCARE
☐ 8713 OCULAR AVULSION
☐ 36041 PHTHISIS BULBI

V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX

(if not listed in columns above)

PRIMARY DX SECONDARY DX

PRIMARY DX										SECONDARY DX									
V	0	0	0	0	0	0	0	0	0	V	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
		5 minutes		
		10 minutes		
		15 minutes		
		20 minutes		
		30 minutes		
		45 minutes		
		1 hour		
		1 hour/30 minutes		
		2 hours		
		2 hours/30 minutes		
		3 hours		
		3 hours/30 minutes		
		4 hours		
		4 hours/30 minutes		
PROV #1	PROV #2			
YES NO	YES NO			
Have you seen this patient before?				
If yes, have you treated this patient for this problem before?				
REASON FOR #2 CARE PROVIDER				
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other				
MARK ONLY ONE				

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance

☐ Acute problem

☒ Chronic Problem

☐ Trauma/Injury

☐ follow-up

☐ Surgical follow-up

DISPOSITION	
Discharged from clinic	} MARK ONLY ONE
Return PRN	
Return appointment	
Admitted	
Expired	

ORDERED OUT OF CLINIC						
LAB						
<input checked="" type="radio"/>	1	2	3	4	5	
	6	7	8	9	+	
PRESCRIPTIONS						
<input checked="" type="radio"/>	1	2	3	4	5	
	6	7	8	9	+	
X RAYS						
<input type="radio"/>	Plain films					
<input type="radio"/>	Barium study					
<input type="radio"/>	IVP					
<input checked="" type="radio"/>	CT scan					
<input type="radio"/>	MR scan					
<input type="radio"/>	Ultrasound					
<input type="radio"/>	Nuclear med scan					
<input type="radio"/>	Angiographic study					
<input type="radio"/>	Other					
OTHER						
<input type="radio"/>	Adaptive appliance/equip.					
<input checked="" type="radio"/>	EEG					
<input type="radio"/>	EKG					
<input type="radio"/>	Pul function					
<input type="radio"/>	EMG					

REFERRALS AND SUPPLEMENTAL DISPOSITION										
(MARK AS MANY AS APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referred to other clinic
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referred to VA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referred to other Fed. Fac.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referred to civilian provider
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referred to civ. Health Dept.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letters/Forms
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental care
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Champus for the handicapped
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Champus
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarters (military)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home (non-military)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work w/limitations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Profile	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific preassigned clinic codes
	1	2	3	4	5	6	7	8	9	

INSTRUCTIONS

- **DO NOT** use ink or ballpoint pen.
- **Make** each mark heavy and black.
- **Fill** ovals completely.
- **Erase** cleanly any mark you wish to change.
- **Make** no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



OPTOMETRY PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
	<input type="radio"/> Jan	
	<input type="radio"/> Feb	
<input type="radio"/> 0	<input type="radio"/> Mar	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> Apr	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> May	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> Jun	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> Jul	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> Aug	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> Sep	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> Oct	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> Nov	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> Dec	<input type="radio"/> 9

SPONSOR S									
SSN									
0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
1	(1)	1	(1)	1	(1)	1	(1)	1	(1)
2	(2)	2	(2)	2	(2)	2	(2)	2	(2)
3	(3)	3	(3)	3	(3)	3	(3)	3	(3)
4	(4)	4	(4)	4	(4)	4	(4)	4	(4)
5	(5)	5	(5)	5	(5)	5	(5)	5	(5)
6	(6)	6	(6)	6	(6)	6	(6)	6	(6)
7	(7)	7	(7)	7	(7)	7	(7)	7	(7)
8	(8)	8	(8)	8	(8)	8	(8)	8	(8)
9	(9)	9	(9)	9	(9)	9	(9)	9	(9)

PATIENT INFORMATION				
FMP		BIRTHDATE		
		DAY	MONTH	YEAR
			Jan	
			Feb	
0 0		0 0	Mar	0 0
1 1		1 1	Apr	1 1
2 2		2 2	May	2 2
3 3		3 3	Jun	3 3
4 4		4	Jul	4 4
5 5		5	Aug	5 5
6 6		6	Sep	6 6
7 7		7	Oct	7 7
8 8		8	Nov	8 8
9 9		9	Dec	9 9

ADMINISTRATION

UCA DATA											
CLINIC CODE				INPATIENT OR REFERRAL CODE							
B	A	A	A	A	A	A	A	A	A	A	A
(B)	(S)	(B)		(B)	(B)	(B)					
D	(C)	(C)		B	C	C	C				
(D)	(D)	(D)		(D)	(D)	(D)					
E	(E)	(E)		C	(E)	(E)	(E)				
(E)	(F)	(F)		(F)	(F)	(F)					
S	(G)	(G)		F	(G)	(G)	(G)				
(S)	(H)	(H)		(H)	(H)	(H)					
(I)	(I)	(I)		S	(I)	(I)	(I)				
(J)	(J)	(J)		(J)	(J)	(J)					
(K)	(K)	(K)		(K)	(K)	(K)					
(L)	(L)	(L)		(L)	(L)	(L)					
(M)	(M)	(M)		(M)	(M)	(M)					
(N)	(N)	(N)		(N)	(N)	(N)					
(O)	(O)	(O)		(O)	(O)	(O)					
(P)	(P)	(P)		(P)	(P)	(P)					
(Q)	(Q)	(Q)		(Q)	(Q)	(Q)					
(R)	(R)	(R)		(R)	(R)	(R)					
(S)	(S)	(S)		(S)	(S)	(S)					
(T)	(T)	(T)		(T)	(T)	(T)					
(U)	(U)	(U)		(U)	(U)	(U)					
(V)	(V)	(V)		(V)	(V)	(V)					
(W)	(W)	(W)		(W)	(W)	(W)					
(X)	(X)	(X)		(X)	(X)	(X)					
(Y)	(Y)	(Y)		(Y)	(Y)	(Y)					
(Z)	(Z)	(Z)		(Z)	(Z)	(Z)					

PLACE OF VISIT					
Clinic/Office					} MARK ONLY ONE
Ward					
Telephone					
Home					
Other					
	1	2	3	4	5

APPOINTMENT STATUS	
Scheduled	} MARK ONLY ONE
Unscheduled	
Emergency	

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
No

2. Patient being seen for new problem?

Yes
No

103258

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

☐ ELECTIVE
☐ MANDATORY
☐ SOFT LENS
☐ EW
☐ HARD LENS
☐ GAS PERM
☐ TORIC
☐ OTHER

RULE OUT

01Q2

<input type="radio"/>	<input type="radio"/>	36310	CHORIORETINITIS, DISSEMINATED
<input type="radio"/>	<input type="radio"/>	36300	CHORIORETINITIS, FOCAL
<input type="radio"/>	<input type="radio"/>	36334	CHOROID DEGENERATION,
<input type="radio"/>	<input type="radio"/>	36250	MACULAR DEGENERATION
<input type="radio"/>	<input type="radio"/>	36200	RETINOPATHY, DIABETIC
<input type="radio"/>	<input type="radio"/>	36221	RETINOPATHY, VASCULAR
<input type="radio"/>	<input type="radio"/>	36222	RETINOPATHY, NONDIABETIC PROLIF
<input type="radio"/>	<input type="radio"/>	37921	VITREOUS DEGENERATION DETACHMENT
<input type="radio"/>	<input type="radio"/>	37924	VITREOUS OPACITIES
<input type="radio"/>	<input type="radio"/>	36333	CHORIORETINAL SCARS
<input type="radio"/>	<input type="radio"/>	36228	RETINAL DISORDER (OTHER)
<input type="radio"/>	<input type="radio"/>	921	CONFUSION OF EYE & ADNEXA
<input type="radio"/>	<input type="radio"/>	930	FOREIGN BODY, EXTERNAL
<input type="radio"/>	<input type="radio"/>	V655	NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)
☐ Yes ☐ No

UNLISTED DX
listed in columns above

PRIMARY DX	SECONDARY DX
------------	--------------



[illegible][illegible]


Y	Q	Q	Q	Q	Q	Y	Q	Q	Q	Q
---	---	---	---	---	---	---	---	---	---	---

①②③④⑤ | ⑥⑦⑧⑨


3 2 2 2 2 2 5 2 2 2 2

(3) (3) (3) (3) (3) (3) (3) (3) (3) (3)

























6	5	6	5	6	6	5	6	1
6	6	6	6	6	6	6	6	6

[illegible][illegible]

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100 ☐ 101 ☐ 102 ☐ 103 ☐ 104 ☐ 105 ☐ 106 ☐ 107 ☐ 108 ☐ 109 ☐ 110 ☐ 111 ☐ 112 ☐ 113 ☐ 114 ☐ 115 ☐ 116 ☐ 117 ☐ 118 ☐ 119 ☐ 120 ☐ 121 ☐ 122 ☐ 123 ☐ 124 ☐ 125 ☐ 126 ☐ 127 ☐ 128 ☐ 129 ☐ 130 ☐ 131 ☐ 132 ☐ 133 ☐ 134 ☐ 135 ☐ 136 ☐ 137 ☐ 138 ☐ 139 ☐ 140 ☐ 141 ☐ 142 ☐ 143 ☐ 144 ☐ 145 ☐ 146 ☐ 147 ☐ 148 ☐ 149 ☐ 150 ☐ 151 ☐ 152 ☐ 153 ☐ 154 ☐ 155 ☐ 156 ☐ 157 ☐ 158 ☐ 159 ☐ 160 ☐ 161 ☐ 162 ☐ 163 ☐ 164 ☐ 165 ☐ 166 ☐ 167 ☐ 168 ☐ 169 ☐ 170 ☐ 171 ☐ 172 ☐ 173 ☐ 174 ☐ 175 ☐ 176 ☐ 177 ☐ 178 ☐ 179 ☐ 180 ☐ 181 ☐ 182 ☐ 183 ☐ 184 ☐ 185 ☐ 186 ☐ 187 ☐ 188 ☐ 189 ☐ 190 ☐ 191 ☐ 192 ☐ 193 ☐ 194 ☐ 195 ☐ 196 ☐ 197 ☐ 198 ☐ 199 ☐ 200 ☐ 201 ☐ 202 ☐ 203 ☐ 204 ☐ 205 ☐ 206 ☐ 207 ☐ 208 ☐ 209 ☐ 210 ☐ 211 ☐ 212 ☐ 213 ☐ 214 ☐ 215 ☐ 216 ☐ 217 ☐ 218 ☐ 219 ☐ 220 ☐ 221 ☐ 222 ☐ 223 ☐ 224 ☐ 225 ☐ 226 ☐ 227 ☐ 228 ☐ 229 ☐ 230 ☐ 231 ☐ 232 ☐ 233 ☐ 234 ☐ 235 ☐ 236 ☐ 237 ☐ 238 ☐ 239 ☐ 240 ☐ 241 ☐ 242 ☐ 243 ☐ 244 ☐ 245 ☐ 246 ☐ 247 ☐ 248 ☐ 249 ☐ 250 ☐ 251 ☐ 252 ☐ 253 ☐ 254 ☐ 255 ☐ 256 ☐ 257 ☐ 258 ☐ 259 ☐ 260 ☐ 261 ☐ 262 ☐ 263 ☐ 264 ☐ 265 ☐ 266 ☐ 267 ☐ 268 ☐ 269 ☐ 270 ☐ 271 ☐ 272 ☐ 273 ☐ 274 ☐ 275 ☐ 276 ☐ 277 ☐ 278 ☐ 279 ☐ 280 ☐ 281 ☐ 282 ☐ 283 ☐ 284 ☐ 285 ☐ 286 ☐ 287 ☐ 288 ☐ 289 ☐ 290 ☐ 291 ☐ 292 ☐ 293 ☐ 294 ☐ 295 ☐ 296 ☐ 297 ☐ 298 ☐ 299 ☐ 300 ☐ 301 ☐ 302 ☐ 303 ☐ 304 ☐ 305 ☐ 306 ☐ 307 ☐ 308 ☐ 309 ☐ 310 ☐ 311 ☐ 312 ☐ 313 ☐ 314 ☐ 315 ☐ 316 ☐ 317 ☐ 318 ☐ 319 ☐ 320 ☐ 321 ☐ 322 ☐ 323 ☐ 324 ☐ 325 ☐ 326 ☐ 327 ☐ 328 ☐ 329 ☐ 330 ☐ 331 ☐ 332 ☐ 333 ☐ 334 ☐ 335 ☐ 336 ☐ 337 ☐ 338 ☐ 339 ☐ 340 ☐ 341 ☐ 342 ☐ 343 ☐ 344 ☐ 345 ☐ 346 ☐ 347 ☐ 348 ☐ 349 ☐ 350 ☐ 351 ☐ 352 ☐ 353 ☐ 354 ☐ 355 ☐ 356 ☐ 357 ☐ 358 ☐ 359 ☐ 360 ☐ 361 ☐ 362 ☐ 363 ☐ 364 ☐ 365 ☐ 366 ☐ 367 ☐ 368 ☐ 369 ☐ 370 ☐ 371 ☐ 372 ☐ 373 ☐ 374 ☐ 375 ☐ 376 ☐ 377 ☐ 378 ☐ 379 ☐ 380 ☐ 381 ☐ 382 ☐ 383 ☐ 384 ☐ 385 ☐ 386 ☐ 387 ☐ 388 ☐ 389 ☐ 390 ☐ 391 ☐ 392 ☐ 393 ☐ 394 ☐ 395 ☐ 396 ☐ 397 ☐ 398 ☐ 399 ☐ 400 ☐ 401 ☐ 402 ☐ 403 ☐ 404 ☐ 405 ☐ 406 ☐ 407 ☐ 408 ☐ 409 ☐ 410 ☐ 411 ☐ 412 ☐ 413 ☐ 414 ☐ 415 ☐ 416 ☐ 417 ☐ 418 ☐ 419 ☐ 420

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
() () () ()	5 minutes	() () () ()	() () () ()
(A) () () ()	10 minutes	() () () ()	(A) () () ()
() () () ()	15 minutes	() () () ()	() () () ()
() () () ()	20 minutes	() () () ()	() () () ()
() () () ()	30 minutes	() () () ()	() () () ()
() () () ()	45 minutes	() () () ()	() () () ()
() () () ()	1 hour	() () () ()	() () () ()
() () () ()	1 hour/30 minutes	() () () ()	() () () ()
() () () ()	2 hours	() () () ()	() () () ()
() () () ()	2 hours/30 minutes	() () () ()	() () () ()
() () () ()	3 hours	() () () ()	() () () ()
() () () ()	3 hours/30 minutes	() () () ()	() () () ()
() () () ()	4 hours	() () () ()	() () () ()
() () () ()	4 hours/30 minutes	() () () ()	() () () ()
PROV #1		PROV #2	
YES NO			YES NO
() ()	Have you seen this patient before?		() ()
() ()	If yes, have you treated this patient for this problem before?		() ()
() ()			() ()
REASON FOR #2 CARE PROVIDER			
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment Other		MARK ONLY ONE	

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

- ☐ Health maintenance
- ☐ Acute problem
- ☐ Chronic Problem
- ☐ Trauma/Injury
- ☐ follow-up
- ☐ Surgical follow-up

DISPOSITION

<input type="radio"/> Discharged from clinic	}	MARK ONLY ONE
<input type="radio"/> Return PRN		
<input type="radio"/> Return appointment		
<input type="radio"/> Admitted		
<input type="radio"/> Expired		

ORDERED OUT OF CLINIC						
LAB						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESCRIPTIONS						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X RAYS						
<input type="checkbox"/>	Plain films					
<input type="checkbox"/>	Barium study					
<input type="checkbox"/>	IVP					
<input type="checkbox"/>	CT scan					
<input type="checkbox"/>	MR scan					
<input type="checkbox"/>	Ultrasound					
<input type="checkbox"/>	Nuclear med scan					
<input type="checkbox"/>	Angiographic study					
<input type="checkbox"/>	Other					
OTHER						
<input type="checkbox"/>	Adaptive appliance/equip.					
<input type="checkbox"/>	EEG					
<input type="checkbox"/>	EKG					
<input type="checkbox"/>	Pul function					
<input type="checkbox"/>	EMG					

REFERRALS AND
SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

☐ Referred to other clinic

☐ Referred to VA

☐ Referred to other Fed. Fac.

☐ Referred to civilian provider

☐ Referred to civ. Health Dept.

☐ Letters/Forms

☐ Supplemental care

☐ Champus for the handicapped

☐ Other Champus

☐ Quarters (military)

☐ Home (non-military)

☐ Work w/limitations

☐ Profile

Specific preassigned
clinic codes

1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- **DO NOT** use ink or ballpoint pen.
- **Make each mark heavy and black.**
- **Fill ovals completely.**
- **Erase cleanly any mark you wish to change.**
- **Make no stray marks.**

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

DO NOT MARK IN THIS AREA

ORTHOPEDICS/PODIATRY PATIENT

TODAY'S DATE				
DAY		MONTH	YEAR	
		<input type="radio"/> Jan		
		<input type="radio"/> Feb		
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> Mar		<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> Apr		<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> May		<input type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> Jun		<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> Jul		<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> Aug		<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> Sep		<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> Oct		<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> Nov	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> Dec	<input type="radio"/> 9	<input type="radio"/> 9

PATIENT

[illegible]

PATIENT INFORMATION			
FMP	BIRTHDATE		
	DAY	MONTH	YEAR
		<input type="radio"/> Jan	
		<input type="radio"/> Feb	
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> Mar	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> Apr	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> May	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> Jun	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> Jul	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> Aug	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> Sep	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> Oct	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> Nov	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> Dec	<input type="radio"/> 9

ADMINISTRATION

UCA DATA									
CLINIC CODE					INPATIENT OR REFERRAL CODE				
(A)	(A)	(A)	(A)	(A)	(A)	(A)	(A)	(A)	(A)
(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)
(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)
(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)
(E)	(E)	(E)	(E)	(E)	(E)	(E)	(E)	(E)	(E)
(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)
(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)
(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)
(I)	(I)	(I)	(I)	(I)	(I)	(I)	(I)	(I)	(I)
(J)	(J)	(J)	(J)	(J)	(J)	(J)	(J)	(J)	(J)
(K)	(K)	(K)	(K)	(K)	(K)	(K)	(K)	(K)	(K)
(L)	(L)	(L)	(L)	(L)	(L)	(L)	(L)	(L)	(L)
(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)
(N)	(N)	(N)	(N)	(N)	(N)	(N)	(N)	(N)	(N)
(O)	(O)	(O)	(O)	(O)	(O)	(O)	(O)	(O)	(O)
(P)	(P)	(P)	(P)	(P)	(P)	(P)	(P)	(P)	(P)
(Q)	(Q)	(Q)	(Q)	(Q)	(Q)	(Q)	(Q)	(Q)	(Q)
(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)
(T)	(T)	(T)	(T)	(T)	(T)	(T)	(T)	(T)	(T)
(U)	(U)	(U)	(U)	(U)	(U)	(U)	(U)	(U)	(U)
(V)	(V)	(V)	(V)	(V)	(V)	(V)	(V)	(V)	(V)
(W)	(W)	(W)	(W)	(W)	(W)	(W)	(W)	(W)	(W)
(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)
(Z)	(Z)	(Z)	(Z)	(Z)	(Z)	(Z)	(Z)	(Z)	(Z)

PLACE OF VISIT

☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

MARK ONLY ONE

(1) (2) (3) (4) (5)

APPOINTMENT STATUS

☐ Scheduled

☐ Unscheduled

☐ Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes

☐ No

2. Patient being seen for new problem?

☐ Yes

☐ No

198254

MAKE NO MARKS
IN THIS AREA

DATE OUT			
01°	02°		
<input type="checkbox"/> 7234 BRACHIAL RADICULITIS	<input type="checkbox"/> 82310 CONTUSION	<u>COMPRESSION FX (THORACIC)</u>	
<input type="checkbox"/> 7238 CERVICAL SYNDROME	<input type="checkbox"/> <u>FRACTURE</u>	<input type="checkbox"/> 8082 WITH NEURO LOSS	
<input type="checkbox"/> 83900 CERVICAL SUBLUXATION	<input type="checkbox"/> 81323 RADIUS & ULNA SHAFT	<input type="checkbox"/> 8052 W/OUT NEURO LOSS	
<input type="checkbox"/> 7220 DISPLACEMENT, CERVICAL DISK	<input type="checkbox"/> 8134 RADIUS, DISTAL THIRD	<input type="checkbox"/> 8054 LUMBAR FX	
<input type="checkbox"/> 8050 FX, CERVICAL VERT	<input type="checkbox"/> 81331 RADIUS, OPEN	<input type="checkbox"/> 7222 HERNIATED NUCLEAR PULPOSUS	
<input type="checkbox"/> 8470 STRAIN	<input type="checkbox"/> 81307 RADIUS, PROXIMAL	<input type="checkbox"/> 72422 LOW BACK SYNDROME	
<input type="checkbox"/> 3530 THORACIC OUTLET SYNDROME	<input type="checkbox"/> 81382 ULNA, CLOSED	<input type="checkbox"/> 71593 OSTEOARTHRITIS	
	<input type="checkbox"/> 81332 ULNA, OPEN	<input type="checkbox"/> 7243 SCIATICA	
	<input type="checkbox"/> 84:91 SPRAIN	<input type="checkbox"/> 73730 SCOLIOSIS, ADOLESCENT	
	<input type="checkbox"/> V5493 AFTERCARE, AMP, FOREARM	<input type="checkbox"/> 7542 SCOLIOSIS, CONGENITAL	
<input type="checkbox"/> 83104 AC SEPARATION-NON-OP		<input type="checkbox"/> 72400 SPINAL STENOSIS	
<input type="checkbox"/> 7260 ADHESIVE CAPSULITIS		<input type="checkbox"/> 75612 SPONDYLOLISTHESIS, CONGENITAL	
<input type="checkbox"/> 72693 BICIPITAL TENDINITIS		<input type="checkbox"/> 73841 SPONDYLOLISTHESIS, DEGEN	
<input type="checkbox"/> 9534 BRACHIAL PLEXUS INJURY	<input type="checkbox"/> <u>AMPUTATION</u>	<input type="checkbox"/> 8460 STRAIN, LUMBOSACRAL	
<input type="checkbox"/> 8100 CLAVICLE, CLOSED FRACTURE	<input type="checkbox"/> 886 FINGER	<input type="checkbox"/> 72441 THORACIC RADICULITIS	
<input type="checkbox"/> 8101 CLAVICLE, OPEN FRACTURE	<input type="checkbox"/> 8878 HAND		
<input type="checkbox"/> 81218 FRACTURE, CLOSED	<input type="checkbox"/> 71854 ANKYLOSIS OF FINGER		
<input type="checkbox"/> 81200 HUMERUS FX, PROXIMAL END	<input type="checkbox"/> 81501 BENNETT'S FRACTURE	<input type="checkbox"/> 72479 COCCYGOdynia	
<input type="checkbox"/> 831 DISLOCATION	<input type="checkbox"/> 72641 BURITIS	<input type="checkbox"/> 808 FRACTURE	
<input type="checkbox"/> 7261 ROTATOR CUFF ARTHROPATHY	<input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME	<input type="checkbox"/> 80843 FRACTURE(S), DISPLACED	
<input type="checkbox"/> 72762 RUPTURED BICEPS TENDON	<input type="checkbox"/> 81341 COLLES, CLOSED		
<input type="checkbox"/> 8110 SCAPULA, CLOSED FRACTURE	<input type="checkbox"/> 81351 COLLES, OPEN		
	<input type="checkbox"/> 92320 CONTUSION, HAND		
	<input type="checkbox"/> 92321 CONTUSION, WRIST		
<input type="checkbox"/> 92303 CONTUSION	<input type="checkbox"/> 834 DISLOCATION, FINGER	<input type="checkbox"/> 7543 CONGENITAL DISLOCATION	
<input type="checkbox"/> <u>HUMERUS FRACTURE</u>	<input type="checkbox"/> 833 DISLOCATION, WRIST	<input type="checkbox"/> 75436 CONGENITAL SUBLUXATION	
<input type="checkbox"/> 81242 LATERAL CONDYLAR	<input type="checkbox"/> 7286 DUPUYTREN'S CONTRACTURE	<input type="checkbox"/> 835 DISLOCATION	
<input type="checkbox"/> 81243 MEDIAL CONDYLAR	<input type="checkbox"/> 81400 FRACTURE, WRIST	<input type="checkbox"/> 71595 OSTEOARTHRITIS	
<input type="checkbox"/> 81241 SUPRACONDYLAR	<input type="checkbox"/> 72891 GAMEKEEPERS INJURY	<input type="checkbox"/> 71995 HIP DISORDER, UNSPEC	
<input type="checkbox"/> 8124 LOWER HUMERUS	<input type="checkbox"/> 72743 GANGLION CYST	<input type="checkbox"/> <u>FRACTURES</u>	
<input type="checkbox"/> 81221 HUMERAL SHAFT	<input type="checkbox"/> <u>FRACTURE</u>	<input type="checkbox"/> 82021 INTERTROCHANTERIC, CLOSED	
<input type="checkbox"/> 81244 LOWER EPIPHYSIS	<input type="checkbox"/> 81500 METACARPAL(S), CLOSED	<input type="checkbox"/> 82022 SUBTROCHANTERIC, CLSD FEMUR	
<input type="checkbox"/> 84091 STRAIN	<input type="checkbox"/> 81510 METACARPAL(S), OPEN	<input type="checkbox"/> 820 FEMORAL NECK	
<input type="checkbox"/> V5492 AFTERCARE, AMP, UPPER ARM	<input type="checkbox"/> 81509 METACARPALS, MULTIPLE SITES	<input type="checkbox"/> 73312 HIP, STRESS	
	<input type="checkbox"/> 81401 NAVICULAR, CLOSED	<input type="checkbox"/> 7321 LEGG-PERTHES DISEASE	
	<input type="checkbox"/> 81600 PHALANGE(S), CLOSED	<input type="checkbox"/> 73639 ROTATIONAL DEFORMITY	
	<input type="checkbox"/> 81603 PHALANGES, MULT SITES, CLOSED	<input type="checkbox"/> 75432 ROTATIONAL DEFORMITY-CONGENITAL	
	<input type="checkbox"/> 81613 PHALANGES, MULT SITES, OPEN	<input type="checkbox"/> 7322 SLIPPED CAPITAL EPIPHYSIS	
<input type="checkbox"/> 71594 OSTEOARTHRITIS	<input type="checkbox"/> 71104 SEPTIC ARTHRITIS	<input type="checkbox"/> 73220 SLIPPED EPIPHYSIS	
<input type="checkbox"/> 72633 BURITIS	<input type="checkbox"/> 8830 SOFT TISSUE INJ, FINGER	<input type="checkbox"/> 84392 SPRAIN/STRAIN	
<input type="checkbox"/> 92311 CONTUSION, ELBOW	<input type="checkbox"/> 8835 SOFT TISSUE INJ, FINGERNAIL	<input type="checkbox"/> 71925 SYNOVITIS, VILLONOODULAR	
<input type="checkbox"/> 832 DISLOCATION	<input type="checkbox"/> 8421 SPRAIN, HAND	<input type="checkbox"/> 7265 TROCHANTERIC BURITIS	
<input type="checkbox"/> 72632 EPICONDYLITIS	<input type="checkbox"/> 8420 SPRAIN, WRIST	<input type="checkbox"/> 71105 SEPTIC ARTHRITIS	
<input type="checkbox"/> 8419 SPRAIN/STRAIN	<input type="checkbox"/> 72705 TENOSYNOVITIS	<input type="checkbox"/> V547 AFTERCARE, PROSTHETIC	
<input type="checkbox"/> 72706 SYNOVITIS/TENOSYNOVITIS	<input type="checkbox"/> 72784 TENDON RUPTURE (FLEXOR)	<input type="checkbox"/> REPLACEMENT	
	<input type="checkbox"/> 72703 TRIGGER FINGER/THUMB		
	<input type="checkbox"/> V5491 AFTERCARE, AMP FINGER		
	<input type="checkbox"/> V5480 AFTERCARE, AMP HAND		

☐ 92400 CONTUSION
FRACTURE
☐ 82123 DISTAL SUPRACONDYLAR, CLOSED
☐ 82122 EPIPHYSIS, CLOSED
☐ 82132 EPIPHYSIS, OPEN
☐ 82101 FEMORAL SHAFT, CLOSED
☐ 82111 FEMORAL SHAFT, OPEN
☐ 82102 FEMORAL SHAFT, PROXIMAL
☐ 82103 FEMORAL SHAFT, MID
☐ 82120 FEMORAL SHAFT, DISTAL
☐ 73311 FEMORAL SHAFT, PATHOLOGIC
☐ 82104 FEMORAL SHAFT, COMMINUTED
☐ 72706 RUPTURED QUADRICEPS
☐ 84303 STRAIN
☐ V5494 AFTERCARE, AMP THIGH

☐ 73861 ANGULAR DEFORMITY
☐ 71948 ANTERIOR KNEE PAIN SYNDROME
☐ 72751 BAKER'S CYST
☐ 72660 BURSTITIS
☐ 8361 CARTILAGE TEAR, LAT MENISCUS
☐ 8360 CARTILAGE TEAR, MED MENISCUS
☐ 7177 CHONDROMALACIA, PATELLA
☐ 73392 CHONDROMALACIA
☐ 82411 CONTUSION
☐ 836 DISLOCATION
☐ 8363 DISLOCATION PATELLA, CLOSED
☐ 75588 DISLOCATION PATELLA, CONGENITAL
☐ 8364 DISLOCATION PATELLA, OPEN
☐ 73891 EPIPHYSEAL DEFORMITY
☐ 8597 EPIPHYSEAL INJURY
☐ 8220 FRACTURE, PATELLA, CLOSED
☐ 8221 FRACTURE, PATELLA, OPEN
☐ 71918 HEMARTHROSIS, KNEE
☐ 717 INTERNAL DERANGEMENT
☐ 8440 LIGAMENT SPRAIN, LATERAL
☐ 8441 LIGAMENT SPRAIN, MEDIAL
☐ 83821 LIGAMENT TEAR, ANT CRUCIATE
☐ 83622 LIGAMENT TEAR, POST CRUCIATE
☐ 7176 LOOSE BODIES
☐ 71598 OSTEOARTHRITIS
☐ 73278 OSTEOCHONDRITIS DISSECANS
☐ 71996 PATELLA SYNDROME
☐ 72664 PATELLAR TENDINITIS
☐ 72961 RETAINED HARDWARE
☐ 73696 ROTATIONAL DEFORMITY
☐ 72709 SYNOVITIS/TENOSYNOVITIS
☐ 71926 SYNOVITIS, VILLOUS/ODULAR
☐ 8230 TIBIAL SPINE FX
INSTABILITY OF THE KNEE
☐ 71886 ACUTE
☐ 71876 CHRONIC

☐ 85881 COMPARTMENT SYNDROME ACUTE
☐ 85882 COMPARTMENT SYNDROME CHRONIC
☐ 82410 CONTUSION
FRACTURE
☐ 82321 FIBULA SHAFT CLOSED
☐ 82382 TIBIA/FIBULA
☐ 82380 TIBIA W/INTACT FIBULA
☐ 82330 TIBIA MIDSHAFT
☐ 73383 DELAYED UNION
☐ 73391 MALUNION
☐ 73382 NON UNION
☐ 7324 OS GOOD-SCHLATTER
☐ 73897 ROTATIONAL DEFORMITY
☐ 72787 RUPTURE ACHILLES TENDON
☐ 84491 STRAIN
☐ 73314 STRESS FRACTURE
☐ 73689 TIBIAL TORSION
☐ V5495 AFTERCARE, AMP, LOWER LEG

☐ 72671 ACHILLES BURSTITIS/TENDINITIS
☐ 82421 CONTUSION
☐ 8370 DISLOCATION, CLOSED
FRACTURE
☐ 8244 BIMALLEOLAR
☐ 8242 LATERAL MALLEOLUS
☐ 8240 MEDIAL MALLEOLUS
☐ 71587 OSTEOARTHRITIS ANKLE/FOOT
☐ 73277 OSTEOCHONDRITIS DISSECANS
☐ 8450 SPRAIN
☐ 72708 TENOSYNOVITIS

☐ 7271 BUNION
☐ 7325 CALCANEAL APOPHYSITIS
☐ 75470 CLUBFOOT, CONGENITAL
☐ 92420 CONTUSION
☐ 700 CORN & CALLOSITIES
☐ 83800 DISLOCATION, FOOT, CLOSED
☐ 83809 DISLOCATION, TOE
FRACTURE
☐ 82520 FOOT, CLOSED
☐ 82530 FOOT, OPEN
☐ 82525 METATARSAL(S)
☐ 8250 OS CALCIS, CLOSED
☐ 8260 PHALANGE(S), CLOSED
☐ 8261 PHALANGE(S), OPEN
☐ 82521 TALUS
☐ 82526 TRANS-TALUS DOME
☐ 7350 HALLUXVALGUS
☐ 7354 HAMMER TOE, ACQUIRED
☐ 75566 HAMMER TOE, CONGENITAL
☐ 72673 HEEL SPUR
☐ 7030 INGROWN TOENAIL
☐ 72670 METATARSALGIA
☐ 3556 MORTON'S NEUROMA
☐ 72871 PLANTAR FASCITIS
☐ 87813 PLANTAR WART
☐ 73313 STRESS FRACTURE
☐ 7548 VALGUS DEFORMITY, FOOT
☐ 7545 VARUS DEFORMITY, FOOT

☐ 4402 ARTERIOSCLEROTIC PERIPHERAL VASCULAR DIS, EXTREMITIES
☐ 7273 BURSTITIS, NOS
☐ 3439 CEREBRAL PALSY
☐ 7135 CHARCOT'S DISEASE
☐ 8249 CONTUSION, UNSPEC SITE
☐ 71590 OSTEOARTHRITIS (DJD)
☐ 8388 DISLOCATION/SUBLUXATION, UNSPEC
GANGRENE
☐ 78541 DRY, DIABETIC
☐ 78540 DRY, NON-DIABETIC
☐ 78543 MOIST, DIABETIC
☐ 78542 MOIST, NON-DIABETIC
☐ 274 GOUT
☐ V213 GROWTH DISCREPANCY
☐ 342 HEMIPLEGIA
☐ 8914 IMMERSION FOOT
☐ 7195 JOINT STIFFNESS
☐ 74191 MENINGOCELE
☐ 7281 MYOSITIS OSSIFICANS
☐ 3589 NEUROMUSCULAR DISEASE UNSPEC
☐ 2139 OSTEOCHONDROMA
☐ 2682 OSTEOMALACIA
☐ 7302 OSTEOMYELITIS
☐ 7330 OSTEOPOROSIS
☐ 7310 PAGET'S DISEASE
☐ 3441 PARAPLEGIA
☐ 7331 PATHOLOGICAL FX, UNSPEC
☐ 85791 PERIPHERAL NERVE INJURY
☐ 75738 POROKERATOSIS
☐ V4950 PRIOR SURGICAL REVASC, LIMB
☐ 73384 PSEUDOARTHRITIS
☐ 3440 QUADRIPLEGIA
☐ 7140 RHEUMATOID ARTHRITIS
☐ 7110 SEPTIC ARTHRITIS
☐ 72180 SPONDYLITIS, NOS
☐ 7200 SPONDYLITIS, RHEUMATOID
☐ 72700 SYNOVITIS, NOS
☐ 7270 SYNOVITIS/TENOSYNOVITIS
☐ 2299 TUMOR, BENIGN, NOS
☐ 19912 TUMOR, MALIGNANT, NOS
☐ 799P3 WEAKNESS
☐ V655 NO PROBLEM NOTED

MAKE
 NO
 MARKS
 IN
 THIS
 AREA

JOB RELATED ILL/INJ (NOT LOD DET)

☐ Yes ☐ No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX						SECONDARY DX					
V	A	A	A	A	A	V	A	A	A	A	A
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

MAKE NO MARKS

IN THIS AREA

MAKE

NO

MARKS

IN

THIS

AREA

MAKE NO MARKS

IN THIS AREA

1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

198254

☐ 80024 EXAM, GENERAL MEDICAL
☐ 95831 MUSCLE TEST
☐ 95920 NEUROVASCULAR EVAL
☐ 95851 RANGE OF MOTION
VASCULAR EVAL
☐ 93910 ARTERIES, LOWER LIMB
☐ 93950 VEINS, LOWER LIMB

BODY/UPPER EXT APPLICATION

☐ 29085 GAUNTLET
☐ 29000 HALO TYPE
☐ 29085 LONG ARM
☐ 29010 RISER JACKET, LOCALIZER
☐ 29075 SHORT ARM
☐ 29035 SHOULDER TO HIP
☐ 29020 TURNUCKLE JACKET

LOWER EXTREMITY APPLICATION

☐ 29385 CYLINDER
☐ 29305 HIP SPICA, UNILATERAL
☐ 29325 HIP SPICA, BILATERAL
☐ 29345 LONG LEG
☐ 29355 LONG LEG, WALKER/AMB TYPE
☐ 29435 PATELLAR BEARING CAST
☐ 29458 POST AMPUTATION CAST
☐ 29405 SHORT LEG
☐ 29425 SHORT LEG, WALKER/AMB TYPE

OTHER APPLICATION

☐ 29700 GAUNTLET, BOOT, BODY,
REPAIR/REMOVAL
☐ 28850 FRACTURE MANIP & IMMOB, NOS
☐ 29705 FULL ARM/FULL LEG,
REPAIR/REMOVAL
☐ 29800 REMOVAL, REPAIR,
REAPPLICATION

☐ 29801 PRIMARY APPLICATION
☐ 29802 SECONDARY OR TERTIARY
APPLICATION

☐ 29710 SPICA, REPAIR/REMOVAL

SPLINT/APPLICATION

☐ 29130 FINGER
☐ 29105 LONG ARM
☐ 29505 LONG LEG
☐ 29125 SHORT ARM
☐ 29515 SHORT LEG

STRAPPING-ANY AGE

☐ 29540 ANKLE
☐ 29260 ELBOW-WRIST
☐ 29280 HAND-FINGER
☐ 29520 HIP
☐ 29530 KNEE
☐ 29220 LOW BACK
☐ 29240 SHOULDER
☐ 29200 THORAX
☐ 29550 TOES
☐ 29580 UNNA BOOT
☐ 29799 UNLISTED STRAPPING

☐ 11100 BIOPSY, SKIN
☐ 28290 BUNIONECTOMY, SIMPLE
☐ 17250 CHEMOCAUTERIZATION, SKIN LESION
☐ 28128 CONDYLECTOMY, SINGLE TOE
☐ 11044 DEBRIDE SKIN, MUSCLE, BONE
☐ 17200 ELECTROBLIND DESTRUCT SKIN LESION
☐ 11429 EXCISION, NEOPLASM, LARGE
☐ 28080 EXCISION, MORTON NEUROMA
☐ 10120 FOREIGN BODY REMOVAL, SIMPLE
☐ 28285 HAMMERTOE OPERATION

H&O

☐ 10080 ABSCESS
☐ 10004 CYST (INFECTED OR NONINFEC)
☐ 10140 HEMATOMA
☐ 10100 PARONYCHIA
☐ 36471 INJECT/SCLEROSE MULT VEINS
☐ 36470 INJECT/SCLEROSE SINGLE VEIN
☐ 20650 INSERTION OF WIRE/PIN

NAILS

☐ 11730 AVULSION
☐ 11700 DEBRIDE 1-5
☐ 11701 DEBRIDE 6-10
☐ 11750 MATRIX DESTRUCTION
☐ 28303 OSTEOTOMY
☐ 28119 PLANTAR FASCIAL RELEASE
☐ 11052 REDUCTION OF CLAVI
☐ 20670 REMOVE PLATE, BAND, SCREW, WIRE
☐ 28301 RETROCALCANEAL EXOSTOECTOMY
☐ 13185 SECONDARY CLOSURE, NONSURG WOUND
☐ 89074 SUTURE REMOVAL & DRESSING
☐ 12001 SUTURE WOUND
☐ 28234 TENOTOMY, FOOT/TOE

ARTHROCENTESIS

☐ 20800 SMALL JOINT
☐ 20805 INTERM JOINT
☐ 20810 LARGE JOINT
☐ 96501 CYTOTOXIC INFUSION/INJECTION
☐ 96503 GOLD INJECTION
☐ 90782 GENERAL IM INJECTION
☐ 20551 SOFT TISSUE INJECTION
☐ 84208 SYNOVIAL FLUID ANALYSIS
FOR CRYSTALS

☐ 80780 ANES. & STEROD,
INTRALESIONAL
NERVE BLOCKS
☐ 84462 ANKLE
☐ 84454 DIGITAL
☐ 84450 PERIPHERAL
☐ 84451 POST TIB
☐ 84453 WRIST

CULTURE

☐ 87070 BACTERIAL
☐ 87220 KOH
☐ 87101 MYCOTIC
☐ 87184 SENSITIVITY
☐ 87210 WET MOUNT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	0 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour 30 minutes		
	2 hours		
	2 hours 30 minutes		
	3 hours		
	3 hours 30 minutes		
	4 hours		
	4 hours 30 minutes		

REASON FOR #2 CARE PROVIDER

☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
☐ Other

MARK ONLY ONE

(1) (2) (3)

DISPOSITION

☐ Discharged from clinic
☐ Return PRN
☐ Return appointment
☐ Admitted
☐ Expired
☐ Other

MARK ONLY ONE

(1) (2)

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

☐ Referred to other clinic
☐ Referred to VA
☐ Referred to other Fed. Fac.
☐ Referred to civilian provider
☐ Referred to civ. Health Dept.
☐ Letters/Forms
☐ Supplemental care
☐ Champus for the handicapped
☐ Other Champus
☐ Quarters (military)
☐ Home (non-military)
☐ Work w/limitations
☐ Profile
☐ Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

ORTHO APPLIANCE FORM

PATIENT

DATE

DAY MONTH YEAR

SPONSOR'S SSN

FMP

ADMINISTRATION

UCA DATA

INPATIENT OR REFERRAL CODE

A) (A) (A) (A)
(B) (B) (B)
B) (B) (B) (B)
(C) (C) (C)
C) (C) (C) (C)
(D) (D) (D)
D) (D) (D) (D)
(E) (E) (E)
E) (E) (E) (E)
(F) (F) (F)
F) (F) (F) (F)
(G) (G) (G)
G) (G) (G) (G)
(H) (H) (H)
H) (H) (H) (H)
(I) (I) (I)
I) (I) (I) (I)
(J) (J) (J)
J) (J) (J) (J)
(K) (K) (K)
K) (K) (K) (K)
(L) (L) (L)
L) (L) (L) (L)
(M) (M) (M)
M) (M) (M) (M)
(N) (N) (N)
N) (N) (N) (N)
(O) (O) (O)
O) (O) (O) (O)
(P) (P) (P)
P) (P) (P) (P)
(Q) (Q) (Q)
Q) (Q) (Q) (Q)
(R) (R) (R)
R) (R) (R) (R)
(S) (S) (S)
S) (S) (S) (S)
(T) (T) (T)
T) (T) (T) (T)
(U) (U) (U)
U) (U) (U) (U)
(V) (V) (V)
V) (V) (V) (V)
(W) (W) (W)
W) (W) (W) (W)
(X) (X) (X)
X) (X) (X) (X)
(Y) (Y) (Y)
Y) (Y) (Y) (Y)
(Z) (Z) (Z)
Z) (Z) (Z) (Z)

PLACE OF VISIT

☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

MARK ONLY ONE

(1) (2) (3) (4) (5)

APPOINTMENT STATUS

☐ Scheduled
☐ Unscheduled
☐ Emergency

MARK ONLY ONE

00645

ADDITIONAL PROCEDURES

- ☐ 98220 CERVICAL COLLAR
 - ☐ 98221 FOUR POSTER
 - ☐ 98222 S.O.M.I.
 - ☐ 98223 JEWETT
 - ☐ 98224 CASH
 - ☐ 98226 TISO
 - ☐ 98228 CHAIR BACK
 - ☐ 98227 TAYLOR BACK
 - ☐ 98228 ABDOMINAL BINDER
 - ☐ 98229 L-S/S-I CORSET
 - ☐ 98231 DORSO-LUMBAR CORSET
 - ☐ 98230 OTHER (SPINAL)
-
- ☐ 98240 STRETCH BOOTS
 - ☐ 98241 STIRRUP CHANGES
 - ☐ 98242 HEELS
 - ☐ 98243 WEDGES (EXTERNAL)
 - ☐ 98244 BUILD-UPS
 - ☐ 98245 ROCKER BOTTOM
 - ☐ 98248 RIPLE SOLES
 - ☐ 98247 CREPE SOLES
 - ☐ 98248 LEATHER SOLES
 - ☐ 98249 METATARSAL BARS (EXTERNAL)
 - ☐ 98250 ADD VELCRO TO SHOES
 - ☐ 98252 MEASURE FOR BOSTON SHOES
 - ☐ 98251 OTHER (SHOES)
-
- ☐ 98260 CALF BAND LEATHER
 - ☐ 98261 THIGH LACER
 - ☐ 98262 REFURBISH LONG LEG ORTHOSIS
 - ☐ 98263 REFURBISH SHORT LEG ORTHOSIS
 - ☐ 98264 REFURBISH SCOTCHSM-RITE
 - ☐ 98265 RECOVER AIRPLANE SPLINT
 - ☐ 98266 READJUST AIRPLANE SPLINT
 - ☐ 98267 TRIM TISO
 - ☐ 98268 REPLACE STRAPS ON TISO
 - ☐ 98269 MINOR LENNOX HILL REPAIRS
 - ☐ 98270 REPAIR POST/POLYPROPYLENE ARCH
 - ☐ 98271 HOOK & PILE
 - ☐ 98272 CUT MATERIAL W/BANDSAW
 - ☐ 98273 SEW MATERIAL
 - ☐ 98274 REMOVE SHOE BUILD-UP
 - ☐ 98275 OTHER (REPAIR/REPLACE/FAB/)

1					2				
0	0	0	0		0	0	0	0	0
1	1	1	1		1	1	1	1	1
2	2	2	2		2	2	2	2	2
3	3	3	3		3	3	3	3	3
4	4	4	4		4	4	4	4	4
5	5	5	5		5	5	5	5	5
6	6	6	6		6	6	6	6	6
7	7	7	7		7	7	7	7	7
8	8	8	8		8	8	8	8	8
9	9	9	9		9	9	9	9	9

MARK ONE PRIMARY DIAGNOSIS ON REASON FOR REFERRAL: 1. DEPENDENT PERSONALITY

V5371 NEEDS ORTHOTIC APPLIANCE
V5372 REPAIR OF ORTHOTIC APPLIANCE
V5373 REPAIR OF PROSTHETIC
V5574 PROBLEM W/PROSTHESIS
V5575 OTHER

UNLISTED DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
S	2	2	2	2	S	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
		5 minutes			
		10 minutes			
		15 minutes			
		20 minutes			
		30 minutes			
		45 minutes			
		1 hour			
		1 hour/30 minutes			
		2 hours			
		2 hours/30 minutes			
		3 hours			
		3 hours/30 minutes			
		4 hours			
		4 hours/30 minutes			
PROV #1		PROV #2			
YES	NO	YES	NO		
Have you seen this patient before?					
If yes, have you treated this patient for this problem before?					
REASON FOR #2 CARE PROVIDER					
Teaching/Supervision					
Consultation					
Procedure/Treatment					
Other					
MARK ONLY ONE					
1 2 3					

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

- ☐ Health maintenance
☐ Acute problem
☐ Chronic Problem
☐ Trauma/Injury follow-up
☐ Surgical follow-up

DISPOSITION

- ☐ Discharged from clinic
☐ Return PRN
☐ Return appointment
☐ Admitted
☐ Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5
6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5
6 7 8 9 +

X RAYS

- ☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

- ☐ Adaptive appliance/equip
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

- ☐ Referred to other clinic
☐ Referred to VA
☐ Referred to other Fed. Fac.
☐ Referred to civilian provider
☐ Referred to civ. Health Dept.
☐ Letters/Forms
☐ Supplemental care
☐ Champus for the handicapped
☐ Other Champus
☐ Quarters (military)
☐ Home (non-military)
☐ Work w/limitations
☐ Profile
☐ Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

PAIN/PHYSICAL MEDICINE PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

SPONSOR'S SSN		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT INFORMATION		
FMP	BIRTHDATE	
	DAY	MONTH
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

ADMINISTRATION

UIC DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

PLACE OF VISIT	
	MARK ONLY ONE
Clinic/Office	
Ward	
Telephone	
Home	
Other	
1 2 3 4 5	

APPOINTMENT STATUS	
	MARK ONLY ONE
Scheduled	
Unscheduled	
Emergency	

STATUS OF VISIT	
1. Patient seen this clinic last 12 months?	
Yes	
No	
2. Patient being seen for new problem?	
Yes	
No	

08003

EVALUATION/SERVICES/PROCEDURES		(MARK AS MANY AS APPLICABLE)		MULTIPLIER PROCEDURES																																																																																																																																																			
PAIN PROCEDURES		PHYSICAL MEDICINE PROCEDURES		MULTIPLIER PROCEDURES																																																																																																																																																			
BLOCK <input type="checkbox"/> 84530 CELIAC PLEXUS <input type="checkbox"/> 82278 EPIDURAL <input type="checkbox"/> 84520 LUMBAR SYMPATHETIC <input type="checkbox"/> 84450 PERIPHERAL NERVE <input type="checkbox"/> 84441 SPINAL <input type="checkbox"/> 84510 STELLATE GANGLION <input type="checkbox"/> 84417 SYMPATHETIC AXILLARY <input type="checkbox"/> 84512 SYMPATHETIC BIER <input type="checkbox"/> 82273 BLOOD PATCH <input type="checkbox"/> 82276 DIFFERENTIAL SPINAL EPIDURAL <input type="checkbox"/> 84485 CATHETER PLACEMENT <input type="checkbox"/> 84413 CERVICAL <input type="checkbox"/> 82275 DIFFERENTIAL <input type="checkbox"/> 82788 STERIODS <input type="checkbox"/> 11902 INTRALESIONAL STEROID INJECTION <input type="checkbox"/> 90771 INTRATHECAL STEROID JOINT INJECTION <input type="checkbox"/> 20805 INTERMEDIATE JOINT <input type="checkbox"/> 20610 MAJOR JOINT <input type="checkbox"/> 20600 SMALL JOINT NEUROLYTIC <input type="checkbox"/> 64460 CELIAC <input type="checkbox"/> 62283 LUMBAR SYMPATHETIC <input type="checkbox"/> 64461 PERIPHERAL <input type="checkbox"/> 62280 SUBARACHNOID <input type="checkbox"/> 20550 TRIGGER POINT INJECTION		<input type="checkbox"/> 90789 ARISTOCORT <input type="checkbox"/> 90772 CELESTONE <input type="checkbox"/> 90791 DEPO-TESTOSTERONE (100 mg) <input type="checkbox"/> 90792 DELATESTRYL <input type="checkbox"/> 80793 KENALOG <input type="checkbox"/> 90794 MARCAINE <input type="checkbox"/> 90795 VITAMIN B12 <input type="checkbox"/> 90786 XYLOCAINE <input type="checkbox"/> 90782 ALL OTHER		<input type="checkbox"/> 95933 BLINK RELFEX ELECTROMYOGRAPHY <input type="checkbox"/> 95860 ONE EXTREMITY <input type="checkbox"/> 95861 TWO EXTREMITIES <input type="checkbox"/> 97752 EXTREMITY TESTING-CYBEX EVAL EVOCKED POTENTIALS <input type="checkbox"/> 95910 BRAINSTEM <input type="checkbox"/> 95925 SENSORY <input type="checkbox"/> 95911 VISUAL <input type="checkbox"/> 95934 T-WAVES <input type="checkbox"/> 95935 H-WAVES <input type="checkbox"/> 97530 KINETIC ACTS TO INCRE COORD. STRENGTH &/OR ROM-ORTHOTRON <input type="checkbox"/> 97260 MANIPULATION <input type="checkbox"/> 95900 NERVE CONDUCTION STUDIES <input type="checkbox"/> 62281 PHENOL BLOCK <input type="checkbox"/> 95937 REPETITIVE STIMULATION <input type="checkbox"/> 95869 SINGLE FIBER EMG TRANSCUT ELECT NERVE STIMULAT <input type="checkbox"/> 97118 MANUAL <input type="checkbox"/> 97014 UNATTENDED <input type="checkbox"/> 20555 TRIGGER POINT STIMULATION <input type="checkbox"/> 90028 PHYSICAL EXAMINATION		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6">MULTIPLIER PROCEDURES</th> </tr> <tr> <th colspan="6">1</th> </tr> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td> </tr> <tr> <td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td> </tr> <tr> <td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td> </tr> <tr> <td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td> </tr> <tr> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td> </tr> <tr> <td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td> </tr> <tr> <td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td> </tr> <tr> <td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td> </tr> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6">MULTIPLIER PROCEDURES</th> </tr> <tr> <th colspan="6">2</th> </tr> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td> </tr> <tr> <td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td> </tr> <tr> <td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td> </tr> <tr> <td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td> </tr> <tr> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td> </tr> <tr> <td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td> </tr> <tr> <td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td> </tr> <tr> <td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td> </tr> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> </table>		MULTIPLIER PROCEDURES						1						0	0	0	0	0	0	1	1	1	1	1	1	2	2	2	2	2	2	3	3	3	3	3	3	4	4	4	4	4	4	5	5	5	5	5	5	6	6	6	6	6	6	7	7	7	7	7	7	8	8	8	8	8	8	9	9	9	9	9	9	MULTIPLIER PROCEDURES						2						0	0	0	0	0	0	1	1	1	1	1	1	2	2	2	2	2	2	3	3	3	3	3	3	4	4	4	4	4	4	5	5	5	5	5	5	6	6	6	6	6	6	7	7	7	7	7	7	8	8	8	8	8	8	9	9	9	9	9	9
MULTIPLIER PROCEDURES																																																																																																																																																							
1																																																																																																																																																							
0	0	0	0	0	0																																																																																																																																																		
1	1	1	1	1	1																																																																																																																																																		
2	2	2	2	2	2																																																																																																																																																		
3	3	3	3	3	3																																																																																																																																																		
4	4	4	4	4	4																																																																																																																																																		
5	5	5	5	5	5																																																																																																																																																		
6	6	6	6	6	6																																																																																																																																																		
7	7	7	7	7	7																																																																																																																																																		
8	8	8	8	8	8																																																																																																																																																		
9	9	9	9	9	9																																																																																																																																																		
MULTIPLIER PROCEDURES																																																																																																																																																							
2																																																																																																																																																							
0	0	0	0	0	0																																																																																																																																																		
1	1	1	1	1	1																																																																																																																																																		
2	2	2	2	2	2																																																																																																																																																		
3	3	3	3	3	3																																																																																																																																																		
4	4	4	4	4	4																																																																																																																																																		
5	5	5	5	5	5																																																																																																																																																		
6	6	6	6	6	6																																																																																																																																																		
7	7	7	7	7	7																																																																																																																																																		
8	8	8	8	8	8																																																																																																																																																		
9	9	9	9	9	9																																																																																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> PAIN DIAGNOSIS <input type="checkbox"/> 7245 BACK PAIN, NOS <input type="checkbox"/> 7244 BACK PAIN, W/RADIATING SYMPTOMS <input type="checkbox"/> 78092 CHRONIC PAIN <input type="checkbox"/> 7840 HEADACHE <input type="checkbox"/> 0539 HERPES ZOSTER W/O COMPLICAT <input type="checkbox"/> 72422 LOW BACK PAIN RADICULAR <input type="checkbox"/> 7291 MYALGIA, MYOSITIS <input type="checkbox"/> 35595 NERVE ENTRAPMENT SYNDROME <input type="checkbox"/> 78096 PAIN SECONDARY TO MALIGNANCY <input type="checkbox"/> 44392 PERIPHERAL VASCULAR INSUFFIC <input type="checkbox"/> 7280 POST LAMINECTOMY SYNDROME <input type="checkbox"/> 75310 POST HERPETIC NEURALGIA <input type="checkbox"/> 7292 RADICULITIS, RADICULOPATHY <input type="checkbox"/> 33791 REFLEX SYMPATHETIC DYSTROPHY <input type="checkbox"/> 3501 TRIGEMINAL NEURALGIA & NEURALGIA <input type="checkbox"/> 6654 NO PROBLEM NOTED </div> <div style="width: 40%;"> GENERAL <input type="checkbox"/> 7831 ABNORMAL WEIGHT GAIN <input type="checkbox"/> 7832 ABNORMAL WEIGHT LOSS <input type="checkbox"/> 9952 ADVERSE EFFECTS-UNSPEC DRUGS <input type="checkbox"/> 7119 OBSERVATION/EVALUATION <input type="checkbox"/> 7999 UNSPEC UNDIAGNOSED DISEASE CARDIOVASCULAR/PULMONARY <input type="checkbox"/> 492 EMPHYSEMA <input type="checkbox"/> 4435 GENERALIZED ISCHEMIC VASC DIS <input type="checkbox"/> 451 PHLEBITIS/THROMBOPHLEBITIS <input type="checkbox"/> 4430 RAYNAUD'S SYNDROME <input type="checkbox"/> 454 VARICOSE VEINS (LEGS) DERMATOLOGY <input type="checkbox"/> 7854 GANGRENE <input type="checkbox"/> 7079 ULCER CHRONIC ENDOCRINE/METABOLIC <input type="checkbox"/> 250 DIABETES MELLITIS <input type="checkbox"/> 274 GOUT <input type="checkbox"/> 2780 OBESITY (NON ENDOCRINE) HEMATOLOGY & NEOPLASTIC DISEASE <input type="checkbox"/> 7100 LUPUS SYSTEMIC ERYTHEMATOSUS <input type="checkbox"/> 4460 POLYARTERITIS NODOSA <input type="checkbox"/> 725 POLYMYALGIA <input type="checkbox"/> 7856 LYMPHADENOPATHY MUSCULOSKELETAL ARTHRITIS <input type="checkbox"/> 71430 JUVENILE <input type="checkbox"/> 71590 OSTEO <input type="checkbox"/> 0993 REITER'S <input type="checkbox"/> 7140 RHEUMATOID <input type="checkbox"/> 71690 UNSPECIFIED TYPE <input type="checkbox"/> 7273 BURSITIS <input type="checkbox"/> 7109 CONNECTIVE TISSUE DISEASE <input type="checkbox"/> 73397 COSTOCHONDRITIS <input type="checkbox"/> 7141 FELTY'S <input type="checkbox"/> 7290 FIBROSITIS <input type="checkbox"/> 72813 HETEROTOPIC OSSIFICATION (POST OP) <input type="checkbox"/> 7291 MYALGIA <input type="checkbox"/> 7330 OSTEOPOROSIS <input type="checkbox"/> 696 PSORIASIS <input type="checkbox"/> 7243 SCIATICA <input type="checkbox"/> 7181 SCLERODERMA <input type="checkbox"/> 7209 SPONDYLITIS <input type="checkbox"/> 7270 SYNOVITIS/TENDOSYN <input type="checkbox"/> 7336 TIETZ'S </div> <div style="width: 40%;"> NEUROLOGY <input type="checkbox"/> 3310 ALZHEIMER'S <input type="checkbox"/> 3510 BELL'S Palsy <input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME <input type="checkbox"/> 4359 CEREBRAL ISCHEMIA (TIA) <input type="checkbox"/> 3439 CEREBRAL PALS <input type="checkbox"/> 4340 CEREBRAL THROMBOSIS <input type="checkbox"/> 436 CEREBROVASCULAR DISEASE (CVA) <input type="checkbox"/> 34989 CNS DEGENERATIVE DISEASE <input type="checkbox"/> 3152 COGNITIVE/LEARNING DISORDER <input type="checkbox"/> 850 CONCUSSION <input type="checkbox"/> 3419 DEMYELINATING DISEASE <input type="checkbox"/> 345 EPILEPSY <input type="checkbox"/> 4371 GEN ISCHEMIC CEREBROVASCULAR DISEASE <input type="checkbox"/> 3451 GRAND MAL <input type="checkbox"/> 30781 HEADACHE (TENSION) <input type="checkbox"/> 346 MIGRAINE AND EQUIVALENTS <input type="checkbox"/> 340 MULTIPLE SCLEROSIS <input type="checkbox"/> 74258 MYELODYSPLASIA <input type="checkbox"/> 347 NARCOLEPSY/CATAPLEXY <input type="checkbox"/> 78193 NEUROLOGIC SYMPTOMS <input type="checkbox"/> 3589 NEUROMUSCULAR DISORDER <input type="checkbox"/> 78201 PARESTHESIA <input type="checkbox"/> 332 PARKINSONISM/ PARALYSIS AGITANS </div></div>																																																																																																																																																							

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	0 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	25 minutes		
	30 minutes		
	35 minutes		
	40 minutes		
	45 minutes		
	50 minutes		
	55 minutes		
	60 minutes		
	65 minutes		
	70 minutes		
	75 minutes		
	80 minutes		
	85 minutes		
	90 minutes		
	95 minutes		
	100 minutes		
	105 minutes		
	110 minutes		
	115 minutes		
	120 minutes		
	125 minutes		
	130 minutes		
	135 minutes		
	140 minutes		
	145 minutes		
	150 minutes		
	155 minutes		
	160 minutes		
	165 minutes		
	170 minutes		
	175 minutes		
	180 minutes		
	185 minutes		
	190 minutes		
	195 minutes		
	200 minutes		
	205 minutes		
	210 minutes		
	215 minutes		
	220 minutes		
	225 minutes		
	230 minutes		
	235 minutes		
	240 minutes		
	245 minutes		
	250 minutes		
	255 minutes		
	260 minutes		
	265 minutes		
	270 minutes		
	275 minutes		
	280 minutes		
	285 minutes		
	290 minutes		
	295 minutes		
	300 minutes		
	305 minutes		
	310 minutes		
	315 minutes		
	320 minutes		
	325 minutes		
	330 minutes		
	335 minutes		
	340 minutes		
	345 minutes		
	350 minutes		
	355 minutes		
	360 minutes		
	365 minutes		
	370 minutes		
	375 minutes		
	380 minutes		
	385 minutes		
	390 minutes		
	395 minutes		
	400 minutes		
	405 minutes		
	410 minutes		
	415 minutes		
	420 minutes		
	425 minutes		
	430 minutes		
	435 minutes		
	440 minutes		
	445 minutes		
	450 minutes		
	455 minutes		
	460 minutes		
	465 minutes		
	470 minutes		
	475 minutes		
	480 minutes		
	485 minutes		
	490 minutes		
	495 minutes		
	500 minutes		
	505 minutes		
	510 minutes		
	515 minutes		
	520 minutes		
	525 minutes		
	530 minutes		
	535 minutes		
	540 minutes		
	545 minutes		
	550 minutes		
	555 minutes		
	560 minutes		
	565 minutes		
	570 minutes		
	575 minutes		
	580 minutes		
	585 minutes		
	590 minutes		
	595 minutes		
	600 minutes		
	605 minutes		
	610 minutes		
	615 minutes		
	620 minutes		
	625 minutes		
	630 minutes		
	635 minutes		

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance

☐ Acute problem

☐ Chronic Problem

☐ Trauma/Injury

☐ follow-up

☐ Surgical follow-up

DISPOSITION	
<input type="radio"/> Discharged from clinic	} MARK ONLY ONE
<input type="radio"/> Return PRN	
<input type="radio"/> Return appointment	
<input type="radio"/> Admitted	
<input type="radio"/> Expired	

ORDERED
OUT OF CLINIC

LAB

☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)

PRESCRIPTIONS

☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)

X RAYS

☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

☐ Adaptive appliance/equip.
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

REFERRALS AND
SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

☐ Referred to other clinic

☐ Referred to VA

☐ Referred to other Fed. Fac.

☐ Referred to civilian provider

☐ Referred to civ. Health Dept.

☐ Letters/Forms

☐ Supplemental care

☐ Champus for the handicapped

☐ Other Champus

☐ Quarters (military)

☐ Home (non-military)

☐ Work w/limitations

☐ Profile

Specific preassigned
clinic codes

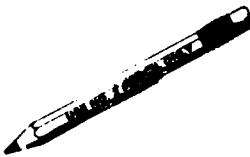
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



PEDIATRIC PATIENT

PATIENT

TODAY'S DATE				
DAY		MONTH	YEAR	
		<input type="radio"/> Jan		
		<input type="radio"/> Feb		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> Mar	<input type="radio"/> 0	
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> Apr	<input type="radio"/> 1	
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> May	<input type="radio"/> 2	
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> Jun	<input type="radio"/> 3	
	<input type="radio"/> 4	<input type="radio"/> Jul	<input type="radio"/> 4	
	<input type="radio"/> 5	<input type="radio"/> Aug	<input type="radio"/> 5	
	<input type="radio"/> 6	<input type="radio"/> Sep	<input type="radio"/> 6	
	<input type="radio"/> 7	<input type="radio"/> Oct	<input type="radio"/> 7	
	<input type="radio"/> 8	<input type="radio"/> Nov	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> Dec	<input type="radio"/> 9	<input type="radio"/> 9

[illegible]

PATIENT INFORMATION				
FMP		BIRTHDATE		
		DAY	MONTH	YEAR
			<input type="radio"/> Jan	
			<input type="radio"/> Feb	
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> Mar	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> Apr	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> May	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> Jun	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> Jul	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> Aug	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> Sep	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> Oct	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> Nov	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> Dec	<input type="radio"/> 9

ADMINISTRATION

[illegible]

PLACE OF VISIT

☐ Clinic, Office

☐ Ward

☐ Telephone

☐ Home

Other _____

MARK ONLY ONE

① ② ③ ④ ⑤

APPOINTMENT STATUS		MARK ONLY ONE
<input type="radio"/> Scheduled	}	
<input type="radio"/> Unscheduled		
<input type="radio"/> Emergency		

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes

☐ No

2. Patient being seen for new problem?

☐ Yes

☐ No

434409

[illegible]

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		
PROV #1		PROV #2	
YES NO		YES NO	
Have you seen this patient before?			
If yes, have you treated this patient for this problem before?			
REASON FOR #2 CARE PROVIDER			
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment Other		} MARK ONLY ONE	
<input type="radio"/> (1) (2) (3)			

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance

☐ Acute problem

☐ Chronic Problem

☐ Trauma/Injury

☐ follow-up

☐ Surgical follow-up

DISPOSITION	
<input type="radio"/> Discharged from clinic	} MARK ONLY ONE
<input type="radio"/> Return PRN	
<input type="radio"/> Return appointment	
<input type="radio"/> Admitted	
<input type="radio"/> Expired	

ORDERED
OUT OF CLINIC

LAB

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ +

PRESCRIPTIONS

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ +

X RAYS

☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

☐ Adaptive appliance/equip.
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

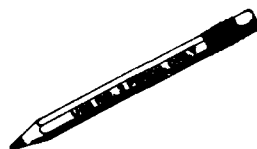
REFERRALS AND SUPPLEMENTAL DISPOSITION	
<input type="radio"/>	Referred to other clinic
<input type="radio"/>	Referred to VA
<input type="radio"/>	Referred to other Fed. Fac.
<input type="radio"/>	Referred to civilian provider
<input type="radio"/>	Referred to civ. Health Dept.
<input type="radio"/>	Letters/Forms
<input type="radio"/>	Supplemental care
<input type="radio"/>	Champus for the handicapped
<input type="radio"/>	Other Champus
<input type="radio"/>	Quarters (military)
<input type="radio"/>	Home (non-military)
<input type="radio"/>	Work w/limitations
<input type="radio"/>	Profile
<input type="radio"/>	Specific preassigned clinic codes
①	② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



PHYSICAL THERAPY PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
	<input type="radio"/> Jan	
	<input type="radio"/> Feb	
<input type="radio"/> 01	<input type="radio"/> Mar	<input type="radio"/> 01
<input type="radio"/> 11	<input type="radio"/> Apr	<input type="radio"/> 11
<input type="radio"/> 21	<input type="radio"/> May	<input type="radio"/> 21
<input type="radio"/> 31	<input type="radio"/> Jun	<input type="radio"/> 31
<input type="radio"/> 41	<input type="radio"/> Jul	<input type="radio"/> 41
<input type="radio"/> 51	<input type="radio"/> Aug	<input type="radio"/> 51
<input type="radio"/> 61	<input type="radio"/> Sep	<input type="radio"/> 61
<input type="radio"/> 71	<input type="radio"/> Oct	<input type="radio"/> 71
<input type="radio"/> 81	<input type="radio"/> Nov	<input type="radio"/> 81
<input type="radio"/> 91	<input type="radio"/> Dec	<input type="radio"/> 91

[illegible]

FMP		DATE	
		DAY	MONTH
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	

ADMINISTRATION

[illegible]

☐ Home
☐ Other

☐ Secret

☐ Unclassified

☐ Emergency

Abstract

1. Patient seen this
clinic last 12 months?

☐ Yes

☐ No

2. Patient being seen for new problem?

☐ Yes

☐ No

115442

EVALUATION SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
			1	2
MUSCULOSKELETAL EVALUATION				
<input type="checkbox"/> 04030 ANKLE	<input type="checkbox"/> 08002 AMPUTEE EVAL	<input type="checkbox"/> 06025 FUNCTIONAL ACTIVITIES TRNG		
<input type="checkbox"/> 04022 CERVICAL	<input type="checkbox"/> 08006 ASSISTIVE DEVICE EVAL	<input type="checkbox"/> 06026 GAIT TRAINING	<input type="checkbox"/> 06028 GAIT TRAINING	<input type="checkbox"/> 06028 GAIT TRAINING
<input type="checkbox"/> 04035 DISTAL LE	<input type="checkbox"/> 04052 DEVELOPMENTAL EVAL	<input type="checkbox"/> 07010 HOT PACKS	<input type="checkbox"/> 08011 ICE	<input type="checkbox"/> 08011 ICE
<input type="checkbox"/> 04033 DISTAL UE	<input type="checkbox"/> 90785 EMMP ASSESSMENT	<input type="checkbox"/> 06028 JOBST PUMP	<input type="checkbox"/> 06027 MANUAL THERAPY	<input type="checkbox"/> 06027 MANUAL THERAPY
<input type="checkbox"/> 04026 ELBOW	<input type="checkbox"/> 85889 ELECTROMYOGRAPHY	<input type="checkbox"/> 06021 MASSAGE	<input type="checkbox"/> 06013 MEDCOLATOR	<input type="checkbox"/> 06013 MEDCOLATOR
<input type="checkbox"/> 04031 FOOT	<input type="checkbox"/> 08005 GAIT/RUNNING ANALYSIS	<input type="checkbox"/> 06014 MEDCOSMOLATOR	<input type="checkbox"/> 06024 NEUROMUSCULAR RE-EDUCATION	<input type="checkbox"/> 06024 NEUROMUSCULAR RE-EDUCATION
<input type="checkbox"/> 04028 HIP	<input type="checkbox"/> 08000 GEN EVAL - BURNS	<input type="checkbox"/> 06018 PARAFFIN BATH	<input type="checkbox"/> 06034 PATIENT EDUCATION	<input type="checkbox"/> 06034 PATIENT EDUCATION
<input type="checkbox"/> 04029 KNEE	<input type="checkbox"/> 08003 HAND EVAL	<input type="checkbox"/> 06036 POOL THERAPY	<input type="checkbox"/> 06046 POSTURAL DRAINAGE/CHEST	<input type="checkbox"/> 06046 POSTURAL DRAINAGE/CHEST
<input type="checkbox"/> 04024 LS	<input type="checkbox"/> 95900 NERVE CONDUCTION VELOCITY	<input type="checkbox"/> 06044 PRE & POST PARTUM EXERCISE TRNG	<input type="checkbox"/> 06047 OTHER PROCEDURE	<input type="checkbox"/> 06047 OTHER PROCEDURE
<input type="checkbox"/> 04034 PROX LE	<input type="checkbox"/> 04019 REFLEX TESTING	<input type="checkbox"/> 06038 CHEST		
<input type="checkbox"/> 04032 PROX UE	<input type="checkbox"/> 08004 SCOLIOSIS CLINIC/SCREENING	<input type="checkbox"/> 06041 FOOT AND ANKLE		
<input type="checkbox"/> 04025 SHOULDER	<input type="checkbox"/> 83063 SIGN FOLD CALIPER (AWCP)	<input type="checkbox"/> 06040 HIP		
<input type="checkbox"/> 04023 THORACIC	<input type="checkbox"/> 08001 SPORTS MED EVAL	<input type="checkbox"/> 06039 KNEE		
<input type="checkbox"/> 04027 WRIST/HAND	<input type="checkbox"/> 78141 X-RAY INTERPRETATION	<input type="checkbox"/> 06037 MASTECTOMY		
NEUROLOGIC PROBLEMS		<input type="checkbox"/> 06042 SHOULDER		
<input type="checkbox"/> 04000 ADL EVAL	<input type="checkbox"/> 08030 BURN CARE	<input type="checkbox"/> 06043 OTHER		
<input type="checkbox"/> 04015 COORDINATION EVAL	<input type="checkbox"/> 08032 CARDIAC REHAB			
<input type="checkbox"/> 97752 CYBEX EVAL	<input type="checkbox"/> 08022 CONTRAST BATH			
<input type="checkbox"/> 04020 MOTOR SENSORY REFLEXES EVAL	<input type="checkbox"/> 03010 DISCHARGE PLANNING			
<input type="checkbox"/> 97705 PRESSURE GARMENT FITTING	<input type="checkbox"/> 87118 ELECTRICAL STIMULATION			
<input type="checkbox"/> 04011 RANGE OF MOTION EVAL	<input type="checkbox"/> 08045 FACILITATION/INHIBITION TECHS			
<input type="checkbox"/> 04014 STRENGTH EVAL	<input type="checkbox"/> 08031 FLUID THERAPY			
ORTHOPEDIC PROBLEMS				
<input type="checkbox"/> 720 ANKLYOSING SPONDYLITIS & OTHER INFLAMMATORY SPONDYLOPATHIES	<input type="checkbox"/> V5892 FOREARM			
<input type="checkbox"/> 7194 ARTHRALGIA	<input type="checkbox"/> V5894 LEG			
<input type="checkbox"/> 7231 CERVICAL PAIN	<input type="checkbox"/> V5893 THIGH			
<input type="checkbox"/> 829 FRACTURE	<input type="checkbox"/> V5891 UPPER ARM			
<input type="checkbox"/> 73728 HYPERLORDOSIS	<input type="checkbox"/> V5890 OTHER AMPUTATION			
<input type="checkbox"/> V436 JOINT REPLACEMENT	<input type="checkbox"/> V5881 ABDOMINAL			
<input type="checkbox"/> 95971 KNEE INJURY/PAIN	<input type="checkbox"/> V5847 CARDIAC			
<input type="checkbox"/> 73710 KYPHOSIS	<input type="checkbox"/> V5841 KNEE			
<input type="checkbox"/> 72984 LOWER EXTREMITY DISORDER	<input type="checkbox"/> V5845 MASTECTOMY			
<input type="checkbox"/> 7242 LUMBAR/SACRAL PAIN	<input type="checkbox"/> V5842 SHOULDER			
<input type="checkbox"/> 7291 MUSCULAR-LIGAMENTOUS PAIN	<input type="checkbox"/> V5843 THORACIC			
<input type="checkbox"/> 71590 OSTEOARTHRITIS (OJD)	<input type="checkbox"/> V5846 VASCULAR			
<input type="checkbox"/> 73878 PODIATRIC CONDITIONS				
<input type="checkbox"/> 7373 SCOLIOSIS/KYPHOSCOLIOSIS	<input type="checkbox"/> 250 DIABETES			
<input type="checkbox"/> 72992 SOFT TISSUE DISORDER	<input type="checkbox"/> 274 GOUT			
<input type="checkbox"/> 848 SPRAIN/STRAIN	<input type="checkbox"/> 42890 HEART DISEASE			
<input type="checkbox"/> 7331 STRESS FRACTURE	<input type="checkbox"/> V2421 OB AFTERCARE			
<input type="checkbox"/> 7241 THORACIC PAIN	<input type="checkbox"/> 2780 OVERWEIGHT			
<input type="checkbox"/> 72983 UPPER EXTREMITY DISORDER	<input type="checkbox"/> 5199 PULMONARY DISEASE			
<input type="checkbox"/> 95934 OTHER BONE AND JOINT INJURY	<input type="checkbox"/> 4439 PVD			
BURNS	<input type="checkbox"/> 0993 REITER'S SYNDROME			
<input type="checkbox"/> 94100 FACIAL	<input type="checkbox"/> 7140 RHEUMATOID/ARTHRITIS			
<input type="checkbox"/> 94500 LOWER EXTREMITY	<input type="checkbox"/> 2399 TUMOR, UNSPEC			
<input type="checkbox"/> 94200 TRUNK				
<input type="checkbox"/> 94300 UPPER EXTREMITY	PEDIATRIC			
NEUROSURGERY	<input type="checkbox"/> 3439 CEREBRAL PALSY			
<input type="checkbox"/> 23963 BRAIN TUMOR	<input type="checkbox"/> 7834 DEVELOPMENTAL DELAYED			
<input type="checkbox"/> 8543 HEAD INJURY, CLOSED	<input type="checkbox"/> V201 HIGH RISK INFANT			
<input type="checkbox"/> 8541 HEAD INJURY, OPEN	<input type="checkbox"/> 35910 MUSCULAR DYSTROPHY			
<input type="checkbox"/> 3441 PARAPLEGIA	DENTAL			
<input type="checkbox"/> 95792 PERIPHERAL NERVE REPAIR	<input type="checkbox"/> 5246 TMJ			
<input type="checkbox"/> V4583 POST SURGICAL SPINE	DERMATOLOGY			
<input type="checkbox"/> 3440 QUADRIPLEGIA	<input type="checkbox"/> 698 PSORIASIS			
<input type="checkbox"/> 9529 SPINAL CORD INJURY	<input type="checkbox"/> 7101 SCLERODERMA			
<input type="checkbox"/> 23970 SPINAL CORD TUMOR	PSYCHIATRIC			
NEUROLOGY	<input type="checkbox"/> 3089 PSYCHOPHYSIOLOGIC DISOR			
<input type="checkbox"/> 436 CVA	<input type="checkbox"/> V855 NO PROBLEM NOTED			
<input type="checkbox"/> 3419 DEMYELINATING/DEGENERATION DISORDER				
<input type="checkbox"/> 3570 GUILLAIN BARRE SYNDROME				
<input type="checkbox"/> 7840 HEADACHE				
<input type="checkbox"/> 342 HEMIPLEGIA				
<input type="checkbox"/> 340 MULTIPLE SCLEROSIS				
<input type="checkbox"/> 3109 ORGANIC BRAIN SYNDROME				
<input type="checkbox"/> 3449 PALSY				
<input type="checkbox"/> 78201 PARESTHESIA/DYSESTHESIA				
<input type="checkbox"/> 332 PARKINSON'S DISEASE				
<input type="checkbox"/> 95781 PERIPHERAL NERVE INJURY/DYSFUNCTION				
<input type="checkbox"/> 3588 PERIPHERAL NEUROPATHY				
<input type="checkbox"/> 7292 RADICULITIS/RADICULOPATHY				

JOB RELATED ILL/INJ (NOT LOD DET)	
Yes	No
UNLISTED DX (if not listed in columns above)	
PRIMARY DX	SECONDARY DX
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0

#1 CARE PROVIDER				TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER						
A	0	0	0	5 minutes					A	0	0	0
B	1	1	1	10 minutes					B	1	1	1
C	2	2	2	15 minutes					C	2	2	2
D	3	3	3	20 minutes					D	3	3	3
E	4	4	4	30 minutes					E	4	4	4
F	5	5	5	45 minutes					F	5	5	5
G	6	6	6	1 hour					G	6	6	6
H	7	7	7	1 hour/30 minutes					H	7	7	7
I	8	8	8	2 hours					I	8	8	8
J	9	9	9	2 hours/30 minutes					J	9	9	9
K				3 hours					K			
L				3 hours/30 minutes					L			
M				4 hours					M			
N				4 hours/30 minutes					N			
O									O			
P									P			
Q									Q			
R									R			
S									S			
T									T			
U									U			
V									V			
W									W			
X									X			
Y									Y			
Z									Z			

PROV #1 YES NO

PROV #2 YES NO

Have you seen this patient before? ☐ YES ☐ NO

If yes, have you treated this patient for this problem before? ☐ YES ☐ NO

REASON FOR #2 CARE PROVIDER

Teaching/supervision ☐

Consultative ☐

Procedure/Treatment ☐

Other ☐

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance ☐

Acute problem ☐

Chronic Problem ☐

Trauma/Injury ☐

follow-up ☐

Surgical follow-up ☐

DISPOSITION

Discharged from clinic ☐

Return PRN ☐

Return appointment ☐

Admitted ☐

Expired ☐

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5

6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5

6 7 8 9 +

X RAYS

Plain films ☐

Barium study ☐

IVP ☐

CT scan ☐

MR scan ☐

Ultrasound ☐

Nuclear med scan ☐

Angiographic study ☐

Other ☐

OTHER

Adaptive appliance/equip. ☐

EEG ☐

EKG ☐

Pul function ☐

EMG ☐

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic ☐

Referred to VA ☐

Referred to other Fed. Fac. ☐

Referred to civilian provider ☐

Referred to civ. Health Dept. ☐

Letters/Forms ☐

Supplemental care ☐

Champus for the handicapped ☐

Other Champus ☐

Quarters (military) ☐

Home (non-military) ☐

Work w/limitations ☐

Profile ☐

Specific preassigned clinic codes ☐

1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

PLASTIC SURGERY PATIENT

PATIENT

TODAY'S DATE

DAY MONTH YEAR

0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN

0 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION

FMP

BIRTHDATE

DAY MONTH YEAR

0 1 2 3 4 5 6 7 8 9

ADMINISTRATION

CLINIC DATA

CLINIC CODE

0 1 2 3 4 5 6 7 8 9

PATIENT OR REFERRAL CODE

0 1 2 3 4 5 6 7 8 9

PLACE OF VISIT

Clinic/Office ☐

Ward ☐

Telephone ☐

Home ☐

Other ☐

MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

Scheduled ☐

Unscheduled ☐

Emergency ☐

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes ☐

No ☐

2. Patient being seen for new problem?

Yes ☐

No ☐

00349

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

BLEPHAROPLASTY

- ☐ 15820 LOWER LID
☐ 15822 UPPER LID
☐ 30901 CONTROL HEMORRHAGE, NOSE
☐ 80011 DRESSING CHANGE
☐ 69800 EAR REVISION-PREVIOUS SURGERY
☐ 11950 INJECTION OF SUBSTANCE (E.G. STEROID/COLLAGEN/FILL MAT 1cc)
☐ 17385 LASER TREATMENT
☐ 19369 MAMMARY CAPSULOTOMY (CLOSED)
☐ 69310 MEATOPLASTY

OTOPLASTY

- ☐ 69301 BILATERAL
☐ 69300 UNILATERAL
☐ 10120 REMOVAL FOREIGN BODY, SUBCUT TISSUE
☐ 15830 RESTORATION OF EYEBROW
☐ 30400 RHINOPLASTY
☐ 11407 SCAR EXCISION/REVISION
☐ 11100 SKIN BIOPSY
☐ 15850 SKIN FLAPS
☐ 15350 SKIN GRAFT (ALLOGRAFT)
☐ 80002 SUTURE REMOVAL
☐ 15788 TATTOO REMOVAL
☐ 40600 VERMILIONECTOMY

1					2				
(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

HAIR OUT

☐ 1° ☐ 2°

ABSENCE

- ☐ 87203 ACQUIRED
☐ 74409 CONGENITAL
☐ 87201 AURICULAR LACERATION
☐ 7443 DEFORMITY (CONGENITAL)
☐ 74422 MACROTTA
☐ 74423 MICROTTA

DEFORMITY

- ☐ 7380 ACQUIRED
☐ 7481 CONGENITAL
☐ 73802 DEVELOPMENTAL

DEVIATED SEPTUM

- ☐ 470 ACQUIRED
☐ 7540 CONGENITAL
☐ 8020 FRACTURE NASAL BONE (CLOSED)
☐ 19501 MALIGNANT NEOPLASM

37434 BLEPHAROCALSIS

3741 ECTROPION

37491 EXCESS SKIN (ACQUIRED)

PTOSIS, EYELID

74361 CONGENITAL

37430 UNSPEC

DEFORMITY

- ☐ 37436 ACQUIRED
☐ 37437 LEVATOR
☐ 37435 PTOSIS, EYEBROW

- ☐ 52411 ASYMMETRY OF MANDIBLE
☐ 52400 MICROGENIA
☐ 52401 RECEDING CHIN (CONGENITAL)

7481 CLEFT

DEFORMITY

- ☐ 73812 ACQUIRED
☐ 75092 CONGENITAL
☐ 1408 MALIGNANT NEOPLASM
☐ 52761 MUCCOCELE

70180 AGING FACE

70181 CUTIS LAXA

DEFORMITY

- ☐ 73811 ACQUIRED
☐ 74491 CONGENITAL, NOS
☐ 70182 ELASTOSIS SENILIS
☐ 70183 RHYTIDOSIS FACIALIS
☐ 70926 SCAR

7578 ASYMMETRY

70923 CAPSULAR SCARRING (POST-AUG)

61010 CHRONIC MASTITIS (CYSTIC)

61180 DEFORMITY

61011 FIBROCYSTIC DISEASE

6111 GYNecomastia

61112 HYPERPLASIA

61113 HYPERTROPHY

75781 HYPOPLASIA

61191 IMPLANTS/AUGMENTATION

61114 MACROMASTIA

61181 PTOSIS

70184 CUTIS LAXA

72684 DIASTASIS RECTI

70182 EXCESS OR REDUNDANT SKIN

2726 LIPODYSTROPHY OF THIGHS

6809 BOIL/CARBUNCLE

7065 CYST

2280 HEMANGIOMA

8798 LACERATION W/O COMPLICATION

2141 LIPOMA

NEOPLASM

21894 BENIGN

173 MALIGNANT

75791 NEVUS

7822 NODULE, NOS

ULCER

7078 CHRONIC SKIN

7070 DECUBITUS

70921 ADHERENT

70922 ATROPHIC

70924 CONTRACTED

HYPERTROPHIC

KELOID

925 PAINFUL

3905 TATTOO

8022 MANDIBLE

80241 MALAR BONE

8024 MAXILLA

80281 ORBIT

80242 ZYGOMA

919 ABRASION, SCRATCH, BLISTER

7061 ACNE

70610 ACNE, CYSTIC

70400 ALOPEJA NOT AA

948 BURNS, NOS

890 EFFECTS OF RADIATION

9089 LATE EFFECT OF TRAUMA

9059 LATE EFFECT OF TRAUMATIC

AMPUTATION

87991 OPEN WOUND/TRAUMA/AMPUTATION

70622 SEBACEOUS CYST

6869 OTHER INFECTIONS

SKIN/SUBCUTANEOUS

V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)									
Yes					No				
UNLISTED DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
V	(0)	(0)	(0)	(0)	V	(0)	(0)	(0)	(0)
1	(1)	(1)	(1)	(1)	1	(1)	(1)	(1)	(1)
2	(2)	(2)	(2)	(2)	2	(2)	(2)	(2)	(2)
3	(3)	(3)	(3)	(3)	3	(3)	(3)	(3)	(3)
4	(4)	(4)	(4)	(4)	4	(4)	(4)	(4)	(4)
5	(5)	(5)	(5)	(5)	5	(5)	(5)	(5)	(5)
6	(6)	(6)	(6)	(6)	6	(6)	(6)	(6)	(6)
7	(7)	(7)	(7)	(7)	7	(7)	(7)	(7)	(7)
8	(8)	(8)	(8)	(8)	8	(8)	(8)	(8)	(8)
9	(9)	(9)	(9)	(9)	9	(9)	(9)	(9)	(9)

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
A	0 0 0 0	5 minutes		A	0 0 0 0
B	1 1 1 1	10 minutes		B	1 1 1 1
C	2 2 2 2	15 minutes		C	2 2 2 2
D	3 3 3 3	20 minutes		D	3 3 3 3
E	4 4 4 4	30 minutes		E	4 4 4 4
F	5 5 5 5	45 minutes		F	5 5 5 5
G	6 6 6 6	1 hour		G	6 6 6 6
H	7 7 7 7	1 hour/30 minutes		H	7 7 7 7
I	8 8 8 8	2 hours		I	8 8 8 8
J	9 9 9 9	2 hours/30 minutes		J	9 9 9 9
K		3 hours		K	
L		3 hours/30 minutes		L	
M		4 hours		M	
N		4 hours/30 minutes		N	
O				O	
P				P	
Q				Q	
R				R	
S				S	
T				T	
U				U	
V				V	
W				W	
X				X	
Y				Y	
Z				Z	

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? ☐ YES ☐ NO

If yes, have you treated this patient for this problem before? ☐ YES ☐ NO

REASON FOR #2 CARE PROVIDER

☐ Teaching/Supervision ☐ Consultation ☐ Procedure/Treatment ☐ Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance ☐ Acute problem ☐ Chronic Problem ☐ Trauma/Injury follow-up ☐ Surgical follow-up

DISPOSITION

☐ Discharged from clinic ☐ Return PRN ☐ Return appointment ☐ Admitted ☐ Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5 6 7 8 9

PRESCRIPTIONS

0 1 2 3 4 5 6 7 8 9

X RAYS

☐ Plain films ☐ Barium study ☐ IVP ☐ CT scan ☐ MR scan ☐ Ultrasound ☐ Nuclear med scan ☐ Angiographic study ☐ Other

OTHER

☐ Adaptive appliance/equip. ☐ EEG ☐ EKG ☐ Pul function ☐ EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

☐ Referred to other clinic ☐ Referred to VA ☐ Referred to other Fed. Fac. ☐ Referred to civilian provider ☐ Referred to civ. Health Dept. ☐ Letters/Forms ☐ Supplemental care ☐ Champus for the handicapped ☐ Other Champus ☐ Quarters (military) ☐ Home (non-military) ☐ Work w/limitations ☐ Profile ☐ Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

PODIATRY PATIENT

PATIENT

TODAY'S DATE

DAY MONTH YEAR

0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN

0 1 2 3 4 5 6 7 8 9

IMP

0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

ADMINISTRATION

CLINIC DATA

CLINIC CODE

0 1 2 3 4 5 6 7 8 9

IMPATIENT OR REFERRAL CODE

0 1 2 3 4 5 6 7 8 9

PLACE OF VISIT

☐ Clinic/Office ☐ Ward ☐ Telephone ☐ Home ☐ Other

MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

☐ Scheduled ☐ Unscheduled ☐ Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes ☐ No

2. Patient being seen for new problem?

☐ Yes ☐ No

32409

ADDITIONAL PROCEDURES

STRAPPING

NAILS

- ☐ 90780 ANES & STEROID
- ☐ 84452 ANKLE BLOCK
- ☐ 84454 DIGITAL BLOCK
- ☐ 20802 INTRA-ARTICULAR
- ☐ 90782 IM/SUBCUTANEOUS

FOREIGN BODY REMOVAL

- ☐ 10120 SIMPLE
- ☐ 10121 COMPLICATED
- ☐ 28285 HAMMERTOE OPERATION (INTER-
PHALANGEAL FUSION, FILETING)
- ☐ 10080 M.D. ABSCESS
- ☐ 27189 MANIPULATION-NOT SPINE/PELVIS

NEUROLYTIC

- ☐ 84481 PERIPHERAL
☐ 20550 TRIGGER POINT INJECTION
☐ 64450 PERIPHERAL BLOCK
☐ 64451 POST TIBIAL BLOCK
☐ 90795 VIT B12

87070 BACTERIAL

- ☐ 87070 SPECTRUM
☐ 87220 KOH
☐ 87101 MYCOTIC
☐ 87184 SENSITIVITY
☐ 84208 SYNOVIAL FLUID
- ANALYSIS FOR CRYSTALS**

RULE OUT

- | | | | |
|-----------------------|-------|---------------------------|---|
| <input type="radio"/> | V6486 | AFTERCARE, AMP, LOWER LEG | (|
| <input type="radio"/> | V5484 | AFTERCARE, AMP ABOVE KNEE | (|
| <input type="radio"/> | 71887 | ANKLE INSTABILITY | (|
| <input type="radio"/> | 7325 | APOPHYISIS, CALCANEAL | (|
| <input type="radio"/> | 72710 | BUNION, 1st METATARSAL | (|
| <input type="radio"/> | 72711 | BUNION, 5th METATARSAL | (|
| <input type="radio"/> | 7273 | BURSITIS, NOS | (|
| <input type="radio"/> | 949 | BURNS, UNSPECIFIED | (|
| <input type="radio"/> | 7135 | CHARCOT'S DISEASE | (|
| <input type="radio"/> | 9248 | CONTUSION | (|
| <input type="radio"/> | 9299 | CRUSHING INJURY | (|
| <input type="radio"/> | 9919 | COLD INJURY, NOS | (|
| <input type="radio"/> | 83800 | DISLOCATION, FOOT, CLOSED | (|
| <input type="radio"/> | 83809 | DISLOCATION, TOE | (|
| <input type="radio"/> | 7286 | FOREIGN BODY IN TISSUE | (|

GANGRENE

- ☐ 78541 DIABETIC, DRY
☐ 78543 DIABETIC, WET
☐ 78540 NON-DIABETIC, DRY
☐ 78542 NON-DIABETIC, WET
☐ 274 GOUT
☐ 7195 JOINT STIFFNESS
☐ 3589 NEUROMUSCULAR DISEASE UNSPEC
☐ 3558 MORTON'S NEUROMA
☐ 71597 OSTEOARTHRITIS ANKLE/FOOT
☐ 2139 OSTEOCHONDROMA
☐ 73277 OSTEOCHONDROITIS DISSECAN, ANKLE
☐ 7302 OSTEOMYELITIS
☐ 7331 PATHOLOGICAL FX, UNSPEC
☐ 95791 PERIPHERAL NERVE INJURY
☐ 72871 PLANTAR FASCITIS
☐ 75738 POROKERATOSIS
☐ V4950 PRIOR SURGICAL REVASC, LIMB
☐ 7140 RHEUMATOID ARTHRITIS
☐ 7110 SEPTIC ARTHRITIS
☐ 73398 SESAMOIDITIS
☐ 8444 SHIN SPLINTS
☐ 8450 SPRAIN, ANKLE
☐ 72740 SYNOVIAL CYST
☐ 72700 SYNOVITIS, NOS
☐ 3555 TARSAL TUNNEL SYNDROME
☐ 72706 TENOSYNOVITIS/FOOT & ANKLE
☐ 2299 TUMOR, BENIGN, NOS
☐ 19912 TUMOR, MALIGNANT, NOS
☐ 78983 WEAKNESS

FRACTURES

- ☐ ☐ 82520 FOOT, CLOSED
☐ ☐ 82530 FOOT, OPEN
☐ ☐ 82527 JONES-STYLOID FX 5th MET.
☐ ☐ 82525 METATARSAL
☐ ☐ 82550 OS CALCIS
☐ ☐ 8260 PHALANGES
☐ ☐ 8234 SESAMOID, FIBULAR
☐ ☐ 8235 SESAMOID, TIBIAL
☐ ☐ 82521 TALUS
☐ ☐ 82526 TRANS-TALUS DOME

LACERATION

- | | |
|--|---|
| <input type="radio"/> <input type="radio"/> 75453 FOREFOOT VARUS | <input type="radio"/> <input type="radio"/> 8920 FOOT, W/O COMPLICATION |
| <input type="radio"/> <input type="radio"/> 75460 FOREFOOT VALGUS | <input type="radio"/> <input type="radio"/> 8921 FOOT, W/COMPLICATION |
| <input type="radio"/> <input type="radio"/> 73681 LIMB LENGTH DISCREPANCY | <input type="radio"/> <input type="radio"/> 8922 FOOT, W/TENDON INVOLVEMENT |
| <input type="radio"/> <input type="radio"/> 75450 SUB-TALAR VARUS | <input type="radio"/> <input type="radio"/> 8930 TOE, W/O COMPLICATION |
| <input type="radio"/> <input type="radio"/> 75462 SUB-TALAR VALGUS | <input type="radio"/> <input type="radio"/> 8931 TOE, W/COMPLICATION |
| <input type="radio"/> <input type="radio"/> 75478 EQUINUS | <input type="radio"/> <input type="radio"/> 8932 TOE, W/TENDON INVOLVEMENT |
| <input type="radio"/> <input type="radio"/> 75471 PES CAVUS | <input type="radio"/> <input type="radio"/> 8798 UNSPECIFIED |
| <input type="radio"/> <input type="radio"/> 75461 PES PLANUS (PROMATORY
COMPENSATION) | <input type="radio"/> <input type="radio"/> <u>WOUND</u> |
| <input type="radio"/> <input type="radio"/> 75570 TARSAL COALITIONS | <input type="radio"/> <input type="radio"/> 87989 GUNSHOT |
| | <input type="radio"/> <input type="radio"/> 87987 PUNCTURE |

WOUND

- ☐ ☐ 87989 GUNSHOT
☐ ☐ 87987 PUNCTURE

☐ V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

- ☐ Yes ☐ No

UNLISTED DX

(if not listed in columns above)

PRIMARY DX

SECONDARY D

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
| | | | | | | | | | | | |
| Y | 0 | 0 | 0 | 0 | 0 | Y | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | 1 |
| \$ | 2 | 2 | 2 | 2 | 2 | \$ | 2 | 2 | 2 | 2 | 2 |
| | 3 | 3 | 3 | 3 | 3 | | 3 | 3 | 3 | 3 | 3 |
| | 4 | 4 | 4 | 4 | 4 | | 4 | 4 | 4 | 4 | 4 |
| | 5 | 5 | 5 | 5 | 5 | | 5 | 5 | 5 | 5 | 5 |
| | 6 | 6 | 6 | 6 | 6 | | 6 | 6 | 6 | 6 | 6 |
| | 7 | 7 | 7 | 7 | 7 | | 7 | 7 | 7 | 7 | 7 |
| | 8 | 8 | 8 | 8 | 8 | | 8 | 8 | 8 | 8 | 8 |
| | 9 | 9 | 9 | 9 | 9 | | 9 | 9 | 9 | 9 | 9 |

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 5 minutes	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 10 minutes	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 15 minutes	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 20 minutes	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 30 minutes	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 45 minutes	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 1 hour	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 1 hour/30 minutes	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 2 hours	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 2 hours/30 minutes	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 3 hours	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 3 hours/30 minutes	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 4 hours	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) 4 hours/30 minutes	(0)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

PROV #1 YES NO

PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
☐ Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance
☐ Acute problem
☐ Chronic Problem
☐ Trauma/Injury follow-up
☐ Surgical follow-up

DISPOSITION

☐ Discharged from clinic
☐ Return PRN
☐ Return appointment
☐ Admitted
☐ Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

PRESCRIPTIONS

(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

X RAYS

☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

☐ Adaptive appliance/equip.
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

☐ Referred to other clinic
☐ Referred to VA
☐ Referred to other Fed. Fac.
☐ Referred to civilian provider
☐ Referred to civ. Health Dept.
☐ Letters/Forms
☐ Supplemental care
☐ Champus for the handicapped
☐ Other Champus
☐ Quarters (military)
☐ Home (non-military)
☐ Work w/limitations
☐ Profile
☐ Specific preassigned clinic codes

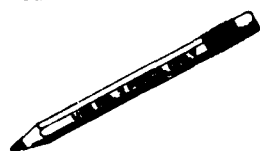
(1)(2)(3)(4)(5)(6)(7)(8)(9)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



PREVENTIVE MEDICINE/CHN PATIENT

PATIENT

TODAY'S DATE

DAY MONTH YEAR

(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

SPONSOR'S SSN

(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

PATIENT INFORMATION

FMP

BIRTHDATE

DAY MONTH YEAR

(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

ADMINISTRATION

UCA DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

PLACE OF VISIT

☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

MARK ONLY ONE

APPOINTMENT STATUS

☐ Scheduled
☐ Unscheduled
☐ Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes
☐ No

2. Patient being seen for new problem?

☐ Yes
☐ No

037189

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

1

2

07205 GRAM STAIN

08081 HEALTH RECORD REVIEW

00042 HEARING

08014 HEMATOCRIT

02270 HEMOCULT

07000 MICROSCOPIC (ARTHR)

04030 PKU

07002 RUBEOLA

09700 SHOT RECORD REVIEW

07001 SICKLE CELL

07000 THROAT CULTURE

01001 URINE (DIP STICK)

00043 VISION

07008 COMPLEX PATIENT COORDINATION

07004 DEVELOPMENTAL (EX: DOST)

03010 DISCHARGE PLANNING

09705 EXCEPTIONAL FAMILY MEMBER

07006 HEALTH NEEDS

07005 HOME EVALUATION

07003 PHYSICAL

07021 PRE-SCHOOL ASSESSMENT

00023 REFERRAL TO LOCAL RESOURCE

08011 DRESSING CHANGE

03880 FOLEY CATHETER

09720 IMMUNIZATIONS

00745 INJECTION/OBSERVATION

08000 IV THERAPY

03010 LEVINE TUBE

07008 OSTOMY CARE

07012 ACTIVITIES OF DAILY LIVING

07010 BREAST FEEDING

07018 DISEASE SPECIFIC

07017 FAMILY PLANNING

07020 FOREIGN TRAVEL

07011 HEALTH/FITNESS

07019 INFECTIOUS DISEASE PREV

07015 NEWBORN

08157 NURSE PATIENT COUNSELING

03048 NUTRITION

07013 POSTPARTUM

07016 PREMATURE INFANT CARE

07014 PRENATAL

09076 SELF BREAST EXAM

09077 SELF TESTICULAR EXAM

07060 INH MONITORING

07030 SMOKING

07035 STD

07055 TB

07040 WELL CHILD

07060 WELL BABY

07007 W.L.C. PROGRAM

07081 COMM DIS CASE INTERVIEW

07082 COMM DIS CONTACT INTERVIEW

07070 STD CONTACT INTERVIEW

07093 OTHER EPI INTERVIEW

08581 TB SKIN TEST, TIME (ADMIN)

08582 TB SKIN TEST, READ

08580 TB SKIN TEST, INTRAD (ADMIN)

07088 (1)

07100 (2)

07101 (3)

07102 (4)

07103 (5)

077 OVERDOSE MED. ACCID OR DELIB

0952 ADVERSE EFFECT, MED PROPER DOSE

089 ADVERSE EFFECTS, OTHR CHEMICALS

098 SURGERY COMPLICATIONS

01581 NON COMPLIANCE W/MEDICAL REGIME

0208 CARRIER, INFECT/PARAS DIS

0019 CONTACT W/INFECT/PARAS DIS

0810 FAMILY DISRUPTION

02509 GENERAL CONTRACEPTIVE GUIDANCE

06110 MARITAL PROBLEM

0700 MEDICAL EXAMINATION

06751 OBSER/CARE PT ON HI RISK MED

0629 OTHER SOCIAL PROBLEM

06120 PARENT-CHILD PROBLEM

0242 POSTPARTUM CARE

0221 PRENATAL CARE

005 PROPHYLACTIC IMMUNIZATION

0609 UNSPEC HOUSING/ECONOMIC CONCERN

063 UNAVAIL OF MED FACIL FOR CARE

08281 WELLNESS MAINTEN/HEALTH PROMO

030 NORMAL NEWBORN

0780 SIDS

07841 FAILURE TO THRIVE

0201 HIGH RISK INFANT

07511 PREMATURE INFANT

0955 CHILD ABUSE/CHILD NEGLECT

08581 SPOUSE ABUSE

09582 PARENT/OTHR ADULT ABUSE/NEGLECT

0655 NO PROBLEM NOTED

RULE OUT

01°

02°

027918 AIDS

03191 ATYPICAL MYCOBACTERIAL INFECTION

0114 COCCIDIOIDOMYCOSIS

00171 HEPATITIS EXPOSURE

0701 HEPATITIS, A

0703 HEPATITIS, B

0705 HEPATITIS, NON-A NON-B

05142 HEPATITIS, CHRONIC/ACTIVE VIRAL

0115 HISTOPLASMOSSIS

0075 INFECTIOUS MONONUCLEOSIS

0093 INTESTINAL DISEASE-PRESUMED INFECTION

0090 INTESTINAL DISEASE-PROVEN INFECTION

0360 MENINGITIS, MENINGOCOCCAL

0329 MENINGITIS, UNSPEC

0362 MENINGOCOCCEMIA

0121 MONILIASIS, VULVA & VAGINA

01329 PEDICULOSIS

0589 PIRRELLA

0055 RUBEOLA

0030 SALMONELLA

01330 SCABIES

SEXUALLY TRANSMITTED DISEASES

07981 CHLAMYDIA

0098 GONORRHEA, ALL SITES

05410 HERPES GENITALIS

0054 HERPES SIMPLEX

0089 PPNG

0910 SYPHILIS, PRIMARY

00979 SYPHILIS, ALL SITE & STAGES

0049 SHIGELLOSIS

0120 THRUSH

0119 TUBERCULOSIS, PULMONARY ACT/REACT

0109 TUBERCULIN CONVERTER

07955 TUBERCULIN REACTOR

019 TUBERCULOSIS, NON-PULMONARY

07951 TUBERCULOSIS CONTACT

00994 URETHRITIS, NON SPECIFIC

02299 BENIGN, UNSPEC SITE

01912 MALIGNANT, UNSPEC SITE

DIABETES

0250 DIABETES MELLITUS

02780 OBESITY

IRON DEFICIENCY ANEMIA

0208 LEUKEMIA

02825 SICKLE CELL TRAIT

02826 SICKLE CELL ANEMIA

30510 ABUSE OF TOBACCO

029690 AFFECTIVE PSYCHOSES

02942 ORGANIC PSYCHOSES EXCL ALCOHOLIC

030500 ALCOHOL PROBLEM

03128 BEHAVIOR DISORDERS NEC

030040 DEPRESSIVE DISORDER

030078 HYPOCHONDRIAC DISORDER

0319 MENTAL RETARDATION

0345 EPILEPSY, ALL TYPES

03312 SENILITY (OBS)

03310 ALZHEIMER'S DISEASE

0332 PARKINSONISM

07840 HEADACHE

07580 DOWN'S SYNDROME

07489 CONGENITAL HEART DISEASE

07569 CONGENITAL ORTHOPEDIC CONDITION

07589 OTHER CONGENITAL CONDITION

074190 SPINA BIFIDA

07585 OTHER AUTOSOMAL ANOMALY

03314 HYDROCEPHALUS

074191 MENINGOMYELOCELE

07492 CLEFT LIP/PALATE

0368 CATARACT

037230 CONJUNCTIVITIS & OPHTHALMIA

036791 REFRACTIVE ERROR

037891 STRABISMUS

03804 CERUMEN IMPACTION

07845 DISTURBANCE OF SPEECH

0412 HEARING PROBLEMS

03801 OTITIS EXTERNA

03829 OTITIS MEDIA

039890 RHEUMATIC HEART DISEASE

0410 ACUTE MYOCARD. INFARCT

04149 CHRONIC ISCHEMIC HEART DISEASE

0401 HYPERTENSION

0436 CEREBROVASCULAR ACCIDENT (CVA)

0454 VARICOSE VEINS OF LEGS

07852 HEART MURMUR NEC

07823 PERIPHERAL EDEMA

07856 ENLARGED LYMPH NODES/NOT INFECT

04659 ACUTE UPPER RESPIR TRACT INFECTION

0481 SINUSITIS, ACUTE

0473 SINUSITIS, CHRONIC

04860 BRONCHITIS, ACUTE

0486 PNEUMONIA

0483 ASTHMA

0486 COPO

07860 DYSPNEA

07862 COUGH

05259 TEETH & SUPPORT STRUCTURE DIS

05379 OTHER STOMACH/DUODENUM DIS

05840 CONSTIPATION

07830 ANOREXIA

07870 NAUSEA/VOMITING

05990 URINARY INFECTION NOS

0188 TESTICULAR CANCER

07881 DYSURIA

07884 FREQUENCY OF URINATION

0875 BREAST/NIPPLE INFECTION ASSOC W/CHILD BIRTH

0876 OTHER BREAST DISORDERS

0674 COMPLICATIONS OF PUERPERIUM

04689 OTHER COMPLICATION OF PREGNANCY

0690 SEBORRHEIC DERMATITIS

0892 CONTACT DERMATITIS & ECZEMA

07078 CHRONIC SKIN ULCER

07140 RHEUMATOID ARTHR & ALLIED COND

071590 OSTEOARTHRITIS & ALLIED COND

0829 FRACTURES ALL SITES

0848 SPRAIN & STRAIN ALL OTHR SITES

07808 FEVER OF UNDETERMINED CAUSE

07821 RASH & OTHR NONSPEC SKIN ERUPT

07834 LACK OF EXPECT PHYSIOL DEVELOP

07833 FEEDING PROBLEM

07807 MALAISE, FATIGUE, TIREDNESS

09929 HEAT INJURY

09919 COLD INJURY

098954 INSECT BITE/STING

08798 LACERATION/OPEN WOUNDS(S)

09169 NON-VENOMOUS SNAKE BITE

0949 BURNS & SCALDS, ALL DEGREES

095891 SUICIDE ATTEMPT

030093 SUICIDE GESTURE

087891 TRAUMATIC AMPUTATION

JOB RELATED ILL INJ (NOT LOD DET)

Yes

No

UNLISTED DX

(if not listed in columns above)

PRIMARY DX

SECONDARY DX

NCS Trans-Optic® EP01-2 1065-321 A6300

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		
PROV #1		PROV #2	
YES NO		YES NO	
	Have you seen this patient before?		
	If yes, have you treated this patient for this problem before?		
	REASON FOR #2 CARE PROVIDER		
	<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other	} MARK ONLY ONE	
	1 2 3		

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance

☐ Acute problem

☐ Chronic Problem

☐ Trauma/Injury

☐ follow-up

☐ Surgical follow-up

DISPOSITION	
<input type="radio"/> Discharged from clinic	} MARK ONLY ONE
<input type="radio"/> Return PRN	
<input type="radio"/> Return appointment	
<input type="radio"/> Admitted	
<input type="radio"/> Expired	

ORDERED
OUT OF CLINIC

LAB

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ +

PRESCRIPTIONS

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ +

X RAYS

☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

☐ Adaptive appliance/equip.
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

REFERRALS AND
SUPPLEMENTAL DISPOSITION

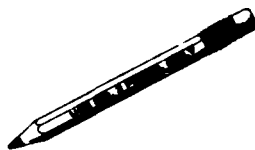
(MARK AS MANY AS APPLICABLE)

- ☐ Referred to other clinic
- ☐ Referred to VA
- ☐ Referred to other Fed. Fac.
- ☐ Referred to civilian provider
- ☐ Referred to civ. Health Dept.
- ☐ Letters/Forms
- ☐ Supplemental care
- ☐ Champus for the handicapped
- ☐ Other Champus
- ☐ Quarters (military)
- ☐ Home (non-military)
- ☐ Work w/limitations
- ☐ Profile
- ☐ Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- **DO NOT** use ink or ballpoint pen.
- **Make** each mark heavy and black.
- **Fill** ovals completely.
- **Erase** cleanly any mark you wish to change.
- **Make** no stray marks.



ONLY ACCEPTABLE MARKS

1999

PRIMARY CARE PATIENT

FRIDAY 5				
DATE				
DAY		MONTH	YEAR	
		Jan		
		Feb		
0	0	Mar	0	0
1	1	Apr	1	1
2	2	May	2	2
3	3	Jun	3	3
4	4	Jul	4	4
5	5	Aug	5	5
6	6	Sep	6	6
7	7	Oct	7	7
8	8	Nov	8	8
9	9	Dec	9	9

PATIENT

[illegible]

PATIENT INFORMATION									
FMR		BIRTHDATE							
		DAY		MONTH		YEAR			
				<input type="radio"/>	Jan				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feb	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mar	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Apr	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	May	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Jun	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Jul	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Aug	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sep	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oct	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nov	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dec	<input type="radio"/>	<input type="radio"/>		

ADMINISTRATION

UCA DATA									
CLINIC CODE					INPATIENT OR REFERRAL CODE				
0	0	0	0	0	A	A	A	A	A
0	0	0	0	0	B	B	B	B	B
0	0	0	0	0	C	C	C	C	C
0	0	0	0	0	D	D	D	D	D
0	0	0	0	0	E	E	E	E	E
0	0	0	0	0	F	F	F	F	F
0	0	0	0	0	G	G	G	G	G
0	0	0	0	0	H	H	H	H	H
0	0	0	0	0	I	I	I	I	I
0	0	0	0	0	J	J	J	J	J
0	0	0	0	0	K	K	K	K	K
0	0	0	0	0	L	L	L	L	L
0	0	0	0	0	M	M	M	M	M
0	0	0	0	0	N	N	N	N	N
0	0	0	0	0	O	O	O	O	O
0	0	0	0	0	P	P	P	P	P
0	0	0	0	0	Q	Q	Q	Q	Q
0	0	0	0	0	R	R	R	R	R
0	0	0	0	0	S	S	S	S	S
0	0	0	0	0	T	T	T	T	T
0	0	0	0	0	U	U	U	U	U
0	0	0	0	0	V	V	V	V	V
0	0	0	0	0	W	W	W	W	W
0	0	0	0	0	X	X	X	X	X
0	0	0	0	0	Y	Y	Y	Y	Y
0	0	0	0	0	Z	Z	Z	Z	Z

PLACE OF VISIT

☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

} **MARK ONLY ONE**

(1) (2) (3) (4) (5)

APPOINTMENT STATUS

☐ Scheduled

☐ Unscheduled

☐ Emergency

MARK ONLY ONE

STATUS OF VISIT	
1. Patient seen this clinic last 12 months?	<input type="radio"/> Yes <input type="radio"/> No
2. Patient being seen for new problem?	<input type="radio"/> Yes <input type="radio"/> No

081229

MAKE NO MARKS IN THIS AREA

DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)			
1	2	3	4
INFECTIVE & PARASITIC			
<input type="checkbox"/> 07811	CONDYLOMATA ACCUMINATUM	<input type="checkbox"/> 05900	NOSE TRAUMA*
<input type="checkbox"/> 098	GONORRHEA	<input type="checkbox"/> 4720	RUNNING/STUFFY NOSE*
<input type="checkbox"/> 0701	HEPATITIS A	<input type="checkbox"/> 481	SINUS PROBLEM*
<input type="checkbox"/> 0703	HEPATITIS B	MOUTH	
<input type="checkbox"/> 0617	HEPATITIS EXPOSURE*	<input type="checkbox"/> 5231	GINGIVITIS
<input type="checkbox"/> 05410	HERPES GENITALIS	<input type="checkbox"/> 5278	SALIVARY GLAND DISEASE
<input type="checkbox"/> 0019	INFECTION/PARAS DIS CONTAC, NOS	<input type="checkbox"/> 5288	SORES IN MOUTH*
<input type="checkbox"/> 075	INFECTIOUS MONONUCLEOSIS	<input type="checkbox"/> 5258	TEETH & SUPPORT STRUCT DIS*
<input type="checkbox"/> 0093	INTEST. DIS. PRESUMED INFECTION	<input type="checkbox"/> 5299	TONGUE DISEASE
<input type="checkbox"/> 0090	INTEST. DIS. PROVEN INFECTION	<input type="checkbox"/> 87363	TOOTH, BROKEN
<input type="checkbox"/> 1322	LICE, CRAB*	THROAT	
<input type="checkbox"/> 1320	LICE, HEAD	<input type="checkbox"/> 9330	FOREIGN BODY
<input type="checkbox"/> 3229	MENINGITIS, UNSPEC	<input type="checkbox"/> 78448	HOARSENESS*
<input type="checkbox"/> 0360	MENINGOCOCCAL MENINGITIS	<input type="checkbox"/> 4840	LARYNGITIS*
<input type="checkbox"/> 0362	MENINGOCOCCAL	<input type="checkbox"/> 482	SORE THROAT*
<input type="checkbox"/> 1274	PINWORMS (ENTEROBIOSIS)	<input type="checkbox"/> 0340	STREP THROAT
<input type="checkbox"/> 1330	SCABIES	<input type="checkbox"/> 463	TONSILLITIS, ACUTE
<input type="checkbox"/> 0899	SEXUALLY TRANSMITTED DISEASE*	<input type="checkbox"/> 4749	TONSIL/ADEN CHRONIC DISEASE
<input type="checkbox"/> 0910	SYPHILIS, PRIMARY	RESPIRATORY	
<input type="checkbox"/> 1310	TRICHOMONASIS	<input type="checkbox"/> 493	ASTHMA
<input type="checkbox"/> 7995	TUBERCULIN SKIN TEST POS.	<input type="checkbox"/> 494	BROCHIECTASIS
<input type="checkbox"/> 0799	VIRAL SYNDROME, NOS	<input type="checkbox"/> 4660	BRONCHITIS, ACUTE
EENT		<input type="checkbox"/> 491	BRONCHITIS, CHRONIC
EYE		<input type="checkbox"/> 496	COPO
<input type="checkbox"/> 3730	BLEPHARITIS	<input type="checkbox"/> 7862	COUGH*
<input type="checkbox"/> 366	CATARACT	<input type="checkbox"/> 7860	DYSPPNEA (SHORT OF BREATH)*
<input type="checkbox"/> 3732	CHALAZION	<input type="checkbox"/> 514	EDEMA, PULMONARY
<input type="checkbox"/> 37230	CONJUNCTIVITIS	<input type="checkbox"/> 4151	EMBOLISM/INFARCTION
<input type="checkbox"/> 91811	CORNEAL ABRASION	<input type="checkbox"/> 492	EMPHYSEMA
<input type="checkbox"/> 36920	DECREASED VISION*	<input type="checkbox"/> 9349	FOREIGN BODY
<input type="checkbox"/> 3682	DIPLOPIA (SEEING DOUBLE)*	<input type="checkbox"/> 7863	HEMOPHTYSIS
<input type="checkbox"/> 3749	EYELID PROBLEM*	<input type="checkbox"/> 511	PLEURISY
<input type="checkbox"/> 9300	FOREIGN BODY, CORNEAL	<input type="checkbox"/> 486	PNEUMONIA
<input type="checkbox"/> 930	FOREIGN BODY IN EYE*	<input type="checkbox"/> 7991	RESP. FAILURE*
<input type="checkbox"/> 385	GLAUCOMA	<input type="checkbox"/> 0119	TUBERCULOSIS, PULMONARY
<input type="checkbox"/> 36400	IRIDOCYCLITIS	<input type="checkbox"/> 4882	URI ACUTE (COLO)*
<input type="checkbox"/> 37990	PAIN/ITCH/DISCHARGE/REDNESS*	<input type="checkbox"/> 78804	WHEEZE*
<input type="checkbox"/> 36791	REFRACTIVE ERROR	DIGESTIVE	
<input type="checkbox"/> V7201	REQUEST FOR GLASSES*	<input type="checkbox"/> 7890	ABDOMINAL PAIN*
<input type="checkbox"/> 9219	TRAUMA, EYE (OTHER)	<input type="checkbox"/> 586	ANAL ABSCESS
EAR		<input type="checkbox"/> 5650	ANAL FISSURE
<input type="checkbox"/> 9930	BAROTRAUMA, OTIC	<input type="checkbox"/> 5651	ANAL FISTULA
<input type="checkbox"/> 3804	CERUMEN IMPAC (WAX IN EAR)*	<input type="checkbox"/> 56942	ANAL/RECTAL/PROC PAIN NOS*
<input type="checkbox"/> 3899	DEAFNESS, PARTIAL OR COMPLETE	<input type="checkbox"/> 7830	ANOREXIA
<input type="checkbox"/> 3888	EAR DRAINAGE/PAIN/DISCOMFORT*	<input type="checkbox"/> 540	APPENDICITIS, ACUTE
<input type="checkbox"/> 95908	EAR TRAUMA*	<input type="checkbox"/> 57891	BLEEDING, LOWER GI
<input type="checkbox"/> 38150	EUSTACHIAN BLOCK	<input type="checkbox"/> 57890	BLEEDING, UPPER GI
<input type="checkbox"/> 931	FOREIGN BODY IN EAR*	<input type="checkbox"/> 57896	BLEEDING, GI NOS*
<input type="checkbox"/> V412	HEARING PROBLEM*	<input type="checkbox"/> 5808	BOWEL OBSTRUCTION
<input type="checkbox"/> V721	HEARING EXAM	<input type="checkbox"/> 5750	CHOLECYSTITIS
<input type="checkbox"/> 3801	OTITIS EXTERNA	<input type="checkbox"/> 5840	CONSTIPATION*
<input type="checkbox"/> 3820	OTITIS MEDIA, ACUTE	<input type="checkbox"/> 58891	DIARRHEA*
<input type="checkbox"/> 3814	OTITIS MEDIA SEROUS	<input type="checkbox"/> 58210	DIVERTICULOSIS, COLON
<input type="checkbox"/> 3883	TINNITUS*	<input type="checkbox"/> 7872	DYSPHAGIA*
<input type="checkbox"/> 3889	VERTIGINOUS SYNDROMES	<input type="checkbox"/> 5308	ESOPHAGUS DISORDER, NOS
NOSE		<input type="checkbox"/> 7873	FLATULENCE, BLOATING, ERUCT
<input type="checkbox"/> 477	ALLERGY/HAYFEVER* (RHINITIS)	<input type="checkbox"/> 938	FOREIGN BODY
<input type="checkbox"/> 7847	EPISTAXIS*	<input type="checkbox"/> 55890	GASTROENTERITIS
<input type="checkbox"/> 832	FOREIGN BODY IN NOSE*	<input type="checkbox"/> 7871	HEARTBURN
<input type="checkbox"/> 4556	HEMORRHOIDS W/O COMPLICATION	<input type="checkbox"/> 5733	HEPATITIS, NOS
<input type="checkbox"/> 5733	HEPATITIS, NOS	<input type="checkbox"/> 5533	HIATAL HERNIA
<input type="checkbox"/> 5533	HIATAL HERNIA	<input type="checkbox"/> 2512	HYPOGLYCEMIA
<input type="checkbox"/> 2512	HYPOGLYCEMIA	<input type="checkbox"/> 550	INGUINAL HERNIA
<input type="checkbox"/> 550	INGUINAL HERNIA	<input type="checkbox"/> 2510	INSULIN COMA
<input type="checkbox"/> 2510	INSULIN COMA	<input type="checkbox"/> 5641	IRRITABLE BOWEL SYNDROME
<input type="checkbox"/> 5641	IRRITABLE BOWEL SYNDROME	<input type="checkbox"/> 7870	NAUSEA/VOMITING*
<input type="checkbox"/> 7870	NAUSEA/VOMITING*	<input type="checkbox"/> 5770	PANCREATITIS
<input type="checkbox"/> 5770	PANCREATITIS	<input type="checkbox"/> 6850	PILONIDAL CYST
<input type="checkbox"/> 6850	PILONIDAL CYST	<input type="checkbox"/> 5693	RECTAL BLEEDING NOS
<input type="checkbox"/> 5693	RECTAL BLEEDING NOS	<input type="checkbox"/> 6880	RECTAL ITCHING*
<input type="checkbox"/> 6880	RECTAL ITCHING*	<input type="checkbox"/> 5379	STOMACH & DUOD DIS. OTHER
<input type="checkbox"/> 5379	STOMACH & DUOD DIS. OTHER	<input type="checkbox"/> 5339	ULCER, PEPTIC
<input type="checkbox"/> 5339	ULCER, PEPTIC	GU SYSTEM	
GU SYSTEM		GU	
GU		<input type="checkbox"/> 5959	CYSTITIS
CYSTITIS		<input type="checkbox"/> 7881	DYSURIA*
DYSURIA*		<input type="checkbox"/> 7884	FREQUENCY OF URINATION*
FREQUENCY OF URINATION*		<input type="checkbox"/> 5997	HEMATURIA
HEMATURIA		<input type="checkbox"/> 5990	URINARY TRACT INFECTION
URINARY TRACT INFECTION		<input type="checkbox"/> 5929	URINARY CALCULUS
URINARY CALCULUS		<input type="checkbox"/> 0994	URETHRITIS NON SPECIFIC
URETHRITIS NON SPECIFIC		<input type="checkbox"/> 7886	VOIDING DIFFICULTY*
VOIDING DIFFICULTY*		MALE GU	
MALE GU		<input type="checkbox"/> 600	BENIGN PROSTATIC HYPERTROPHY
BENIGN PROSTATIC HYPERTROPHY		<input type="checkbox"/> 604	ORCHITIS OR EPIDIDYMITIS
ORCHITIS OR EPIDIDYMITIS		<input type="checkbox"/> 601	PROSTATITIS
PROSTATITIS		<input type="checkbox"/> 6089	TESTICULAR CONDITION
TESTICULAR CONDITION		<input type="checkbox"/> 60892	TESTICULAR PAIN*
TESTICULAR PAIN*		<input type="checkbox"/> 7887	URETHRAL DISCHARGE (MALE)*
URETHRAL DISCHARGE (MALE)*		<input type="checkbox"/> 4564	VARICOCELE
VARICOCELE		<input type="checkbox"/> V2504	VASECTOMY REQUEST*
VASECTOMY REQUEST*		FEMALE/GYN	
FEMALE/GYN		<input type="checkbox"/> 6162	BARTHOLIN'S CYST
BARTHOLIN'S CYST		<input type="checkbox"/> 61011	BREAST FIBROCYSTIC DISEASE
BREAST FIBROCYSTIC DISEASE		<input type="checkbox"/> 61172	BREAST MASS
BREAST MASS		<input type="checkbox"/> 6119	BREAST PROBLEMS*
BREAST PROBLEMS*		<input type="checkbox"/> 6160	CERVICITIS OR CERVIX EROSION
CERVICITIS OR CERVIX EROSION		<input type="checkbox"/> V2509	CONTRACEPTION, GYN REQUEST*
CONTRACEPTION, GYN REQUEST*		<input type="checkbox"/> V2501	CONTRACEPTIVES, ORAL
CONTRACEPTIVES, ORAL		<input type="checkbox"/> V2549	CONTRACEPTIVE METHODS, OTHER
CONTRACEPTIVE METHODS, OTHER		<input type="checkbox"/> 6272	MENOPAUSAL SYMPT & POST MENO
MENOPAUSAL SYMPT & POST MENO		<input type="checkbox"/> 6269	MENSTRUAL PROBLEMS*
MENSTRUAL PROBLEMS*		<input type="checkbox"/> 1121	MONILIASIS VULVA & VAGINA
MONILIASIS VULVA & VAGINA		<input type="checkbox"/> 7950	PAP SMEAR ABNORMALITY
PAP SMEAR ABNORMALITY		<input type="checkbox"/> 6149	PELVIC INFLAMMATORY DISEASE
PELVIC INFLAMMATORY DISEASE		<input type="checkbox"/> 625	PELVIC PAIN*
PELVIC PAIN*		<input type="checkbox"/> 6489	PREGNANCY COMPLICATION
PREGNANCY COMPLICATION		<input type="checkbox"/> 6254	PREMENSTRUAL SYNDROME
PREMENSTRUAL SYNDROME		<input type="checkbox"/> V221	PRENATAL CARE
PRENATAL CARE		<input type="checkbox"/> V723	REQUEST FOR PAP/PELVIC*
REQUEST FOR PAP/PELVIC*		<input type="checkbox"/> V724	SUSPECTS PREGNANCY*
SUSPECTS PREGNANCY*		<input type="checkbox"/> 6238	VAGINAL BLEEDING*
VAGINAL BLEEDING*		<input type="checkbox"/> 6235	VAGINAL DISCHARGE*
VAGINAL DISCHARGE*		<input type="checkbox"/> 6239	VAGINAL ITCHING/IRRITATION*
VAGINAL ITCHING/IRRITATION*		<input type="checkbox"/> 6258	VAGINAL MASS/LUMP*
VAGINAL MASS/LUMP*		<input type="checkbox"/> 62591	VAGINAL PAIN*
VAGINAL PAIN*		<input type="checkbox"/> 61810	VAGINITIS/VULVITIS, NOS
VAGINITIS/VULVITIS, NOS		<input type="checkbox"/> V7231	WELL WOMAN EXAM

FOR VET AND ONE SECONDARY (IF APPLICABLE)			
PRIMARY DX		SECONDARY DX	
<input type="checkbox"/> 250 DIABETES MELLITUS	<input type="checkbox"/> 7803 SEIZURE DISORDER	<input type="checkbox"/> 8248 ANKLE	<input type="checkbox"/> 919 ABRASION, SCRATCHES*
<input type="checkbox"/> 2509 DIABETIC COMPLICATION	<input type="checkbox"/> 3029 SEXUAL PROBLEMS	<input type="checkbox"/> 81400 CARPAL	<input type="checkbox"/> 8879 AMPUTATION
<input type="checkbox"/> 274 GOUT	<input type="checkbox"/> 30590 SUBSTANCE ABUSE, OTHER	<input type="checkbox"/> 8100 CLAVICLE	<input type="checkbox"/> 886 FINGER
<input type="checkbox"/> 79080 HYPERGLYCEMIA	<input type="checkbox"/> 30093 SUICIDE GESTURE	<input type="checkbox"/> 81341 COLLES	<input type="checkbox"/> 8960 FOOT
<input type="checkbox"/> 2449 HYPOTHYROIDISM	<input type="checkbox"/> 413 ANGINA PECTORIS	<input type="checkbox"/> 8210 FEMUR	<input type="checkbox"/> 8974 LEG
<input type="checkbox"/> 272 LIPID METABOLISM DISORDERS	<input type="checkbox"/> V8581 BLOOD PRESSURE CHECK*	<input type="checkbox"/> 81600 FINGER(S)	<input type="checkbox"/> 8878 HAND
<input type="checkbox"/> 2779 METABOLIC DISORDER UNSPEC	<input type="checkbox"/> 7982 BLOOD PRESSURE, ELEVATED	<input type="checkbox"/> 825 FOOT	<input type="checkbox"/> 8950 TOE
<input type="checkbox"/> 2780 OBESITY (W/T REDUCTION)*	<input type="checkbox"/> 427 CARDIAC DYSRHYTHMIA	<input type="checkbox"/> 8208 HIP	<input type="checkbox"/> 87995 BITE, ANIMAL
<input type="checkbox"/> 2489 THYROID DIS UNSPEC	<input type="checkbox"/> 3082 CARDIOVASCULAR NEUROSIS	<input type="checkbox"/> 81220 HUMERUS	<input type="checkbox"/> 87996 BITE, HUMAN
<input type="checkbox"/> 2599 OTHER ENDOCRINE DISORDER	<input type="checkbox"/> 7885 CHEST PAIN*	<input type="checkbox"/> 8238 LOWER LEG, NOS	<input type="checkbox"/> 9169 BITE, NON-VENOMOUS SNAKE
<input type="checkbox"/> 88291 ABSCESS	<input type="checkbox"/> 4269 CONDUCTION DISORDER	<input type="checkbox"/> 81500 METACARPAL(S)	<input type="checkbox"/> 9895 BITE, VENOMOUS SNAKE
<input type="checkbox"/> 7081 ACNE*	<input type="checkbox"/> 4280 CONGESTIVE HEART FAILURE	<input type="checkbox"/> 82525 METATARSAL(S)	<input type="checkbox"/> 94971 <5% BODY SURFACE AREA
<input type="checkbox"/> 70400 ALOPECIA & OTHER HAIR DIS*	<input type="checkbox"/> 7823 EDEMA	<input type="checkbox"/> 8020 NOSE	<input type="checkbox"/> 94972 6-15% BODY SURFACE AREA
<input type="checkbox"/> 1104 ATHLETES FOOT (TINEA PED)*	<input type="checkbox"/> 4289 HEART FAILURE	<input type="checkbox"/> 8088 PELVIS	<input type="checkbox"/> 94973 >16% BODY SURFACE AREA
<input type="checkbox"/> 8809 BOLL/CARBUNCLE*	<input type="checkbox"/> 7852 HEART MURMUR	<input type="checkbox"/> 81381 RADIUS	<input type="checkbox"/> 9496 BURNS CHEMICAL (ALL SITES)
<input type="checkbox"/> 1129 CANDIDIASIS, NOS	<input type="checkbox"/> 401 HYPERTENSION	<input type="checkbox"/> 81383 RADIUS AND ULNA	<input type="checkbox"/> 949 BURNS, UNSPECIFIED*
<input type="checkbox"/> 8829 CELLULITIS, NOS	<input type="checkbox"/> 4372 HYPERTENSIVE CRISIS	<input type="checkbox"/> 8070 RIBS	<input type="checkbox"/> 850 CONCUSSION
<input type="checkbox"/> 8810 CELLULITIS, FINGER	<input type="checkbox"/> 883 LYMPH NODES ENLARG, INFECT	<input type="checkbox"/> 81219 SHOULDER	<input type="checkbox"/> 9249 CONTUSION, ALL SITES
<input type="checkbox"/> 8811 CELLULITIS, TOE	<input type="checkbox"/> 7858 LYMPH NODES ENLARG, NOT INF*	<input type="checkbox"/> 8030 SKULL	<input type="checkbox"/> 9298 CRUSHING INJURY
<input type="checkbox"/> 70981 CHAPPED SKIN*	<input type="checkbox"/> 410 MYOCARDIAL INFARCTION, ACUTE	<input type="checkbox"/> 8058 SPINE	<input type="checkbox"/> 7296 FOREIGN BODY IN TISSUE
<input type="checkbox"/> 892 CONTACT DERMATITIS	<input type="checkbox"/> 7851 PALPITATIONS	<input type="checkbox"/> 82529 TARSAL	<input type="checkbox"/> 98954 INSECT BITES*
<input type="checkbox"/> 700 CORNS, CALLOSITIES*	<input type="checkbox"/> 4439 PERIPHERAL VASCULAR DISEASE	<input type="checkbox"/> 8260 TDE(S)	<input type="checkbox"/> 8799 LACERATION
<input type="checkbox"/> 8929 ECZEMA	<input type="checkbox"/> 451 PHLEBITIS & THROMBOPHLEBITIS	<input type="checkbox"/> 81382 ULNA	<input type="checkbox"/> 8799 COMPLEX
<input type="checkbox"/> 035 ERYSIPELAS	<input type="checkbox"/> 454 VARICOSE VEINS, LOWER EXT	<input type="checkbox"/> 796 ABNORMAL CLINICAL FINDINGS	<input type="checkbox"/> 87981 SIMPLE (<2 inch)
<input type="checkbox"/> 054 FEVER BLISTERS (COLD SORES)*	<input type="checkbox"/> 280 ANEMIA, IRON DEFICIENCY	<input type="checkbox"/> 7809 CHILLS*	<input type="checkbox"/> 87982 SIMPLE (>2 inch)
<input type="checkbox"/> 9172 FRICTION BLISTER ON FEET*	<input type="checkbox"/> 2826 ANEMIA, SICKLE CELL	<input type="checkbox"/> 7808 EXCESSIVE SWEAT (HYPERHIDROSIS)	<input type="checkbox"/> 8798 LACERATION (UNSPEC)*
<input type="checkbox"/> 0539 HERPES ZOSTER	<input type="checkbox"/> 285 ANEMIA, UNSPECIFIED	<input type="checkbox"/> 7806 FEVER OF UNDETERMINED CAUSE*	<input type="checkbox"/> 9598 MULTIPLE TRAUMA
<input type="checkbox"/> 884 IMPETIGO	<input type="checkbox"/> 2899 OTHER HEMATOLOGICAL ABNORMALITY	<input type="checkbox"/> 7807 MALAISE, FATIGUE, TIREDNESS*	<input type="checkbox"/> 869 MULTIPLE TRAUMA
<input type="checkbox"/> 7030 INGROWN TOENAIL*	<input type="checkbox"/> 7119 ARTHRITIS & ARTHROSIS	<input type="checkbox"/> 7822 MASS & LOCAL SWELLING	<input type="checkbox"/> 95990 SEXUAL ASSAULT
<input type="checkbox"/> 1103 JOCK ITCH (TINEA CRURIS)*	<input type="checkbox"/> 7190 INFECTIOUS ARTHRITIS	<input type="checkbox"/> 7832 WEIGHT LOSS, ABNORMAL	<input type="checkbox"/> 95991 SUICIDE ATTEMPT
<input type="checkbox"/> 703 NAIL DISEASE	<input type="checkbox"/> 7190 JOINT EFFUSION	<input type="checkbox"/> 78983 WEAKNESS*	<input type="checkbox"/> 87987 PUNCTURE
<input type="checkbox"/> 8963 PITIRIASIS ROSEA	<input type="checkbox"/> 71590 OSTEOARTHRITIS (DJD)	<input type="checkbox"/> 30500 ALCOHOL ABUSE, UNSPEC	<input type="checkbox"/> 87988 STAB
<input type="checkbox"/> 8926 POISON IVY/SUMAC/OAK	<input type="checkbox"/> 7194 PAIN IN JOINT, ARTHRALGIA	<input type="checkbox"/> 9952 ADVERSE EFFECT MED	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 8989 PRURITIS	<input type="checkbox"/> 7195 STIFFNESS IN JOINT	<input type="checkbox"/> 9953 ALLERGIC REACTION NOS	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 70481 PSEUDOFOLLICULITIS BARBAE*	<input type="checkbox"/> 7260 ARTHRITIS	<input type="checkbox"/> 9950 ANAPHYLAXIS	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 7821 RASH (EXANTHEMS, NOS)	<input type="checkbox"/> 7260 NONARTICULAR RHEUMATISM	<input type="checkbox"/> 1995 CANCER-COMPLICATION	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 8930 RASH, DRUG*	<input type="checkbox"/> 7260 ADHESIVE CAPSULITIS	<input type="checkbox"/> 9919 COLD INJURY, NOS	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 70622 SEBACEOUS CYST	<input type="checkbox"/> 7273 SHOULDER	<input type="checkbox"/> 29101 DELIRIUM TREMENS	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 690 SEBORR DERM (DANDRUFF)*	<input type="checkbox"/> 7273 BURSITIS	<input type="checkbox"/> 9813 FROSTBITE*	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 89271 SUNBURN, MILD*	<input type="checkbox"/> 7270 TENOSYNOVITIS/SYNOVITIS	<input type="checkbox"/> 9929 HEAT INJURY*	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 1110 TINEA VERSICOLOR*	<input type="checkbox"/> 7245 VERTEBRAL COLUMN SYNDROMES	<input type="checkbox"/> 9914 IMMERSION FOOT*	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 708 URTICARIA NOS	<input type="checkbox"/> 7244 BACK PAIN W/O RADIAT SYMPT*	<input type="checkbox"/> 9882 TOXICOLOGIC PROBLEMS	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 0781 WARTS	<input type="checkbox"/> 7231 BACK PAIN W/RADIATING SYMPT	<input type="checkbox"/> 989 BERRIES/PLANTS	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 07813 WARTS, PLANTAR*	<input type="checkbox"/> 7295 NECK PAIN* (CERVICAL)	<input type="checkbox"/> 989 CHEMICALS	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 3099 ADJUSTMENT REACTION	<input type="checkbox"/> 7298 EXTREMITY PAIN (TI-7)*	<input type="checkbox"/> 9879 FUMES INHALATION	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 30500 ALCOHOL ABUSE, UNSPEC	<input type="checkbox"/> 7298 EXTREM PAIN NOT JOINT (TI-9)*	<input type="checkbox"/> 977 OVERDOSE ACCIDENTAL	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 3000 ANXIETY REACTION	<input type="checkbox"/> 72741 GANGLION OF JOINT	<input type="checkbox"/> 977 OVERDOSE SUICIDE ATTEMPT	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 30003 ANXIETY/TENSION*	<input type="checkbox"/> 72742 GANGLION OF TENDON SHEATH		
<input type="checkbox"/> 3128 BEHAVIOR DISORDERS NEC	<input type="checkbox"/> 717 INTERNAL DERANGEMENT KNEE		
<input type="checkbox"/> 436 CVA	<input type="checkbox"/> 7291 MUSCLE ACHES*		
<input type="checkbox"/> 7800 COMA/ALTERED MENTAL STATUS	<input type="checkbox"/> 8450 SPRAIN/STRAIN		
<input type="checkbox"/> 79982 CONFUSION*	<input type="checkbox"/> 8470 ANKLE		
<input type="checkbox"/> 311 DEPRESSION*	<input type="checkbox"/> 8470 CLAVICAL		
<input type="checkbox"/> 7804 DIZZINESS & GIDDINESS*	<input type="checkbox"/> 8479 BACK		
<input type="checkbox"/> 79981 DROWSINESS*	<input type="checkbox"/> 84891 JOINT (LIGAMENTS)		
<input type="checkbox"/> 345 EPILEPSY, ALL TYPES	<input type="checkbox"/> 84892 MUSCLES & TENDONS		
<input type="checkbox"/> 7802 FAINTING/BLACK OUT*	<input type="checkbox"/> 848 OTHER		
<input type="checkbox"/> 7840 HEADACHE	<input type="checkbox"/> 72989 MUSCULOSKELETAL PROBLEM, OTHER		
<input type="checkbox"/> 346 HEADACHE, MIGRAINE	<input type="checkbox"/> 83981 DISLOCATION/SUBLUXATION		
<input type="checkbox"/> 30070 HYPOCHONDRIAC DISORDER	<input type="checkbox"/> 832 ARM		
<input type="checkbox"/> 78052 INSOMNIA & OTHER SLEEP DISOR	<input type="checkbox"/> 832 ELBOW		
<input type="checkbox"/> 7992 NERVOUSNESS*	<input type="checkbox"/> 834 FINGER		
<input type="checkbox"/> 3009 NEUROSIS, OTHER UNSPEC	<input type="checkbox"/> 83401 METACARPAL		
<input type="checkbox"/> 78201 NUMBNESS/TINGLING*	<input type="checkbox"/> 8363 PATELLA		
<input type="checkbox"/> 3449 PARALYSIS*	<input type="checkbox"/> 831 SHOULDER		
<input type="checkbox"/> 3019 PERSONALITY DISORDER, UNSPEC	<input type="checkbox"/> 83809 TOE		
<input type="checkbox"/> 30090 PSYCHIATRIC COND, UNSPEC	<input type="checkbox"/> 833 WRIST		
<input type="checkbox"/> 2989 PSYCHOSIS, UNDIFFERENTIATED	<input type="checkbox"/> 839 OTHER		
<input type="checkbox"/> 7292 RADICULOPATHY/RADICULITIS			

EVALUATION SERVICES PROCEDURES

(MARK AS MANY AS APPLICABLE)

- ☐ 00099 ANESTHESIA (IV/LOCAL)
☐ 46800 ANOSCOPY
☐ 38600 ARTERIAL PUNCTURE
☐ 20605 ARTHROCENTESIS, INT. JOINT
☐ 20610 ARTHROCENTESIS, LARGE JOINT
☐ 20600 ARTHROCENTESIS, SMALL JOINT
☐ 29700 BI-VALVE OR REMOVAL CAST
☐ 11100 BIOPSY
☐ 53670 BLADDER CATH/IRRIGATION
☐ 10165 BLISTER CARE
☐ 16000 BURN 1" SIMPLE RX
☐ 03003 CALIPER, SKINFOLD (AWCP)
☐ 29001 CAST APPLICATION
☐ 17250 CHEMICAL CAUTERIZATION
☐ 85223 CORNEAL STAIN
☐ 17340 CRYOTHERAPY (CO2, LIQ NIT)
☐ 57020 CULDOCENTESIS
☐ 36425 CUT DOWN
☐ 36480 CVP CATHETER PLACEMENT
☐ 11410 CYST, EXCISION
☐ 90011 DRESSING CHANGE
☐ 69212 EAR IRRIGATION
☐ 93000 EKG W/INTERPRETATION
☐ 17200 ELECTROCAUTERIZATION
☐ 17210 ELECTROCOAGULATION
☐ 31501 ENDOTRACH INTUBATION (NASAL)
☐ 31500 ENDOTRACH INTUB (ORAL)
☐ 11750 EXCISION NAIL & MATRIX
☐ 92005 EYE IRRIGATION
☐ FOREIGN BODY REMOVAL
☐ 65220 CORNEAL
☐ 69200 EXTERNAL EAR W/O GEN ANESTHESIA
☐ 30300 INTRANASAL
☐ IN SUBCUTANEOUS TISSUE
☐ 10120 SIMPLE
☐ 10121 COMPLICATED
☐ 99170 GASTRIC LAVAGE
☐ 90014 HEARING SCREENING
☐ 85014 HEMATOCRIT (DRAW/SPIN READ)
☐ 46320 HEMORRHOID ENUCLEAT
☐ 10060 I&D, ABSCESS
☐ 10020 I&D BOIL/CARBUNCLE
☐ 9904 I&D CYST
☐ 10062 I&D FELON
☐ 10140 I&D HEMATOMA
☐ 10000 I&D SEBACEOUS CYST
☐ 90745 INJEC/OBSERV. (ALLERGY/IMM)

- ☐ 90788 INJECTION, ANTIBIOTIC
☐ 99091 INPROCESS MED REC SCREEN
☐ 38000 IV, START
☐ 87220 KOH PREP
☐ 31515 LARYNGOSCOPY
☐ 82270 LUMBAR PUNCTURE
☐ 27199 MANIPULATION
☐ (NOT SPINE/PELVIS)
☐ 27195 MANIPULATION PELVIS
☐ 27197 MANIPULATION SPINE
☐ 99169 MULT TRAUMA RESUSC (TEAM LEADER)
☐ 11740 NAIL TREPHINATION
☐ 30903 NASAL PACKING/CAUTERY
☐ 99157 NURSE/PATIENT COUNSELING
☐ 92100 OCULAR TONOMETRY
☐ 49080 PARACENTESIS
☐ 33010 PERICARDIOCENTESIS
☐ 33020 PERICARDIOTOMY
☐ 49420 PERITONEAL DIALYSIS
☐ 90966 PERITONEAL LAVAGE
☐ 82996 PREGNANCY DETERMINATION
☐ 84658 RESPIRATORS
☐ 92960 RESUSCITATION, CARDIOVERSION
☐ 92950 RESUSCITATION, CPR
☐ 92970 RESUSCITATION, PACEMAKER TEMPORARY
☐ 99094 SECURITY CLEARANCE SCREEN
☐ 90700 SHOT RECORD REVIEW
☐ 45300 SIGMOIDOSCOPY/PROCTO
☐ 15040 SKIN GRAFTING
☐ 61154 SKULL TREPHINATION
☐ 22315 SPINAL IMMOBILIZATION
☐ 94010 SPINOMETRY
☐ 29100 SPLINT, APPLICATION
☐ 99160 SUPERVISED INTENSIVE CARE CONDITION
☐ 11000 SURGICAL DEBRIDEMENT
☐ 67961 SURGICAL REPAIR OF EYELID

- ☐ 90002 SUTURE REMOVAL
☐ 13100 SUTURE, COMPLEX
☐ 12001 SUTURE, SUPERFICIAL
☐ 86580 TB SKIN TEST INTRAD (ADMIN)
☐ 86582 TB TEST (READ)
☐ 86581 TB TIME TEST (ADMIN)
☐ 99076 TEACHING (BREAST SELF EXAM)
☐ 99077 TEACHING (TESTICULAR SELF EXAM)
☐ 32000 THORACENTESIS
☐ 32020 THORACOSTOMY W/WATER SEAL
☐ 32160 THORACOTOMY W/CARDIAC MASSAGE
☐ 31605 TRACHEOSTOMY/CRICOTHYROID
☐ 81000 UA (DIP & SPIN)
☐ 36810 VENOUS/ARTERIAL CANNULATION
☐ 12003 WOUND REPAIR/DRESSING
☐ TREATMENT DISLOCATION
☐ 26700 FINGER
☐ 28660 TOE
☐ 27560 PATELLA
☐ 23650 SHOULDER
☐ 24800 ELBOW
☐ TREATMENT FRACTURES CLOSED
☐ 25635 CARPAL
☐ 23505 CLAVICLE
☐ 25605 COLLES
☐ 27232 FEMUR, PROX. NECK W/MANIP & TRACTION
☐ 27502 FEMUR, SHAFT & SUPRACOND
☐ 27781 FIBULA
☐ 26725 FINGER
☐ 24505 HUMERUS
☐ 26805 METACARPAL
☐ 28475 METATARSAL
☐ 21320 NOSE
☐ 25505 RADIUS
☐ 25565 RADIUS/ULNA (SHAFT)
☐ 21800 RIB
☐ 28450 TARSAL
☐ 27752 TIBIA W/MANIPULATION
☐ 27802 TIBIA & FIBULA W/MANIP
☐ 28517 TOES
☐ 25530 ULNA

EXAMS

- ☐ 90024 GENERAL MEDICINE
☐ 90085 PHYS. MIL. INCL. RET
☐ 92003 VISUAL ACUITY
☐ FLIGHT PHYSICALS
☐ 90081 1/1A
☐ 90083 CLASS 2&3 TYPE B
☐ 90084 INTERIM CLASS 2&3/FAA3

IMMUNIZATIONS

- ☐ 90723 ADENOVIRUS
☐ 90725 CHOLERA
☐ 90701 DPT
☐ 90702 DT
☐ 90731 HEPATITIS B
☐ 90742 HYPERIMMUNE SERUM GLOBULIN
☐ 90741 IMMUNOGLOBULIN
☐ 90724 INFLUENZA
☐ 90705 MEASLES
☐ 90733 MENINGOCOCCAL (POLY)
☐ 90707 MMR
☐ 90704 MUMPS VIRUS
☐ 90727 PLAGUE
☐ 90732 PNEUMOCOCCAL (POLYVAL)
☐ 90712 POLIOMYELITIS, ORAL
☐ 90713 POLIOMYELITIS (SALK)
☐ 90726 RABIES
☐ 90710 SMALLPOX
☐ 90703 TENANUS TOXOID
☐ 90714 TYPHOID
☐ 90717 YELLOW FEVER

MAKE NO MARKS
IN THIS AREA

ADDITIONAL PROCEDURES	
1	2
00000	00000
00001	00001
00002	00002
00003	00003
00004	00004
00005	00005
00006	00006
00007	00007
00008	00008
00009	00009
00010	00010
00011	00011
00012	00012
00013	00013
00014	00014
00015	00015
00016	00016
00017	00017
00018	00018
00019	00019
00020	00020

MAKE
NO
MARKS
IN
THIS
AREA

081229

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		
PROV #1		PROV #2	
YES NO		YES NO	
Have you seen this patient before?			
If yes, have you treated this patient for this problem before?			
REASON FOR #2 CARE PROVIDER			
<input type="checkbox"/> Teaching/Supervision <input type="checkbox"/> Consultation <input type="checkbox"/> Procedure/Treatment <input type="checkbox"/> Other			
MARK ONLY ONE			

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

- ☐ Health maintenance
☐ Acute problem
☐ Chronic problem
☐ Trauma/Injury follow-up
☐ Surgical follow-up

DISPOSITION

- ☐ Discharged from clinic
☐ Return PRN
☐ Return appointment
☐ Admitted
☐ Expired

MARK ONLY ONE

SPECIAL PROGRAMS

- ☐ FAP
☐ EFMP
☐ ADAPCP
☐ PRP
☐ NSP
☐ Adoption
☐ Other

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5 6 7 8 9

PRESCRIPTIONS

0 1 2 3 4 5 6 7 8 9

X RAYS

- ☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

- ☐ Adaptive appliance/equip
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

- ☐ Referred to other clinic
☐ Referred to VA
☐ Referred to other Fed. Fac.
☐ Referred to civilian provider
☐ Letters/Firms
☐ Supplemental care
☐ Champus for the handicapped
☐ Other Champus
☐ Quarters (military)
☐ Home (non-military)
☐ Work w/limitations
☐ Profile
☐ Specific preassigned clinic codes

(MARK AS MANY AS APPLICABLE) 1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



PSYCHIATRY PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

SPONSOR'S SSN		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT INFORMATION			
FMP	BIRTHDATE		
	DAY	MONTH	YEAR
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

ADMINISTRATION

UCA DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

PLACE OF VISIT	
<input type="checkbox"/> Clinic/Office <input type="checkbox"/> Ward <input type="checkbox"/> Telephone <input type="checkbox"/> Home <input type="checkbox"/> Other	MARK ONLY ONE

APPOINTMENT STATUS	
<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled <input type="checkbox"/> Emergency	MARK ONLY ONE

STATUS OF VISIT	
1. Patient seen this clinic last 12 months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Patient being seen for new problem?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

000015

Form with columns: RULE OUT, EVALUATION/SERVICES/PROCEDURES, ADDITIONAL PROCEDURES. Includes sections for SUBSTANCE-INDUCED, SCHIZOPHRENIC DISORDERS, PSYCHOSEXUAL DYSFUNCTION, and JOB RELATED AL/INJ. Includes a table for UNLETTERED DX with columns for AXIS I and II.

[illegible]

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance

☐ Acute problem

☐ Chronic problem

☐ Trauma/Injury

☐ follow-up

☐ Surgical follow-up

DISPOSITION	
<input type="radio"/> Discharged from clinic	} MARK ONLY ONE
<input type="radio"/> Return PRN	
<input type="radio"/> Return appointment	
<input type="radio"/> Admitted	
<input type="radio"/> Expired	

SPECIAL PROGRAMS

☐ FAP
☐ EFMP
☐ ADAPCP
☐ PRP
☐ NSP
☐ Adoption
☐ Other

☐ ① ☐ ② ☐ ③

REFERRALS AND
SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

- ☐ Referred to other clinic
- ☐ Referred to VA
- ☐ Referred to other Fed. Fac.
- ☐ Referred to civilian provider
- ☐ Referred to civ. Health Dept.
- ☐ Letters/Forms
- ☐ Supplemental care
- ☐ Champus for the handicapped
- ☐ Other Champus
- ☐ Quarters (military)
- ☐ Home (non-military)
- ☐ Work w/limitations
- ☐ Profile

Specific preassigned
clinic codes

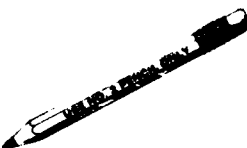
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INSTRUCTIONS

- **DO NOT** use ink or ballpoint pen.
- **Make each mark heavy and black.**
- **Fill ovals completely.**
- **Erase cleanly any mark you wish to change.**
- **Make no stray marks.**

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



DO NOT MARK IN THIS AREA

PSYCHOLOGY PATIENT

PATIENT

TODAY'S DATE				
DAY		MONTH		YEAR
		<input type="radio"/> Jan		
		<input type="radio"/> Feb		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> Mar		<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> Apr		<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> May		<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> Jun		<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> Jul		<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> Aug		<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> Sep		<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> Oct		<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> Nov	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> Dec	<input type="radio"/> 9	<input type="radio"/> 9

[illegible]

PATIENT INFORMATION				
FMP		BIRTHDATE		
		DAY	MONTH	YEAR
			<input type="radio"/> Jan	
			<input type="radio"/> Feb	
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> Mar	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> Apr	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> May	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> Jun	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> Jul	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> Aug	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> Sep	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> Oct	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> Nov	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> Dec	<input type="radio"/> 9

ADMINISTRATION

UCA DATA									
CLINIC CODE					INPATIENT OR REFERRAL CODE				
B	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B
B	C	C	C	C	B	C	C	C	C
B	D	D	D	D	B	D	D	D	D
B	E	E	E	E	B	E	E	E	E
B	F	F	F	F	B	F	F	F	F
B	G	G	G	G	B	G	G	G	G
B	H	H	H	H	B	H	H	H	H
B	I	I	I	I	B	I	I	I	I
B	J	J	J	J	B	J	J	J	J
B	K	K	K	K	B	K	K	K	K
B	L	L	L	L	B	L	L	L	L
B	M	M	M	M	B	M	M	M	M
B	N	N	N	N	B	N	N	N	N
B	O	O	O	O	B	O	O	O	O
B	P	P	P	P	B	P	P	P	P
B	Q	Q	Q	Q	B	Q	Q	Q	Q
B	R	R	R	R	B	R	R	R	R
B	S	S	S	S	B	S	S	S	S
B	T	T	T	T	B	T	T	T	T
B	U	U	U	U	B	U	U	U	U
B	V	V	V	V	B	V	V	V	V
B	W	W	W	W	B	W	W	W	W
B	X	X	X	X	B	X	X	X	X
B	Y	Y	Y	Y	B	Y	Y	Y	Y
B	Z	Z	Z	Z	B	Z	Z	Z	Z

PLACE OF VISIT

☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

} **MARK ONLY ONE**

1 2 3 4 5

APPOINTMENT STATUS

☐ Scheduled

☐ Unscheduled

☐ Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes

☐ No

2. Patient being seen for new problem?

☐ Yes

☐ No

000462

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

COMPLETE	PARTIAL	PSYCHOMETRIC ASSESSMENTS
		Personality
		Intellectual
		Neuropsychological
		Other

02500 ADVICE/HEALTH INSTRU
02502 BEHAVIORAL ASSESSMENT
90915 BIOFEEDBACK
02105 COLLATERAL CONTACT
02505 CRISIS INTERVENTION
02506 DIAGNOSTIC FORMULATION
02507 EVALUATION RPT COMPOSITE
02508 HEALTH PROMOTION
02509 INTERVIEW
02510 MEDICAL COORDINATION
02511 PATIENT CONSULTATION
02512 TESTING, ADMINISTER
02513 TESTING, SCORING
02514 TESTING, INTERPRETATION
02515 THERAPY, INDIVIDUAL
02516 THERAPY, COUPLE/FAMILY
02517 THERAPY, GROUP
02518 TREATMENT PLANNING

02519 ARMA
02520 BEHAVIORAL MEDICINE
02521 CLEARANCE, ADMIN
02522 CLEARANCE, ENTRY
02523 CLEARANCE, PRP
02524 CLEARANCE, SECURITY
02525 DIFFERENTIAL DIAGNOSIS
02526 DISABILITY DETERMINATION
02527 DISABILITY REHAB EVAL
02528 EDUCATIONAL EVALUATION
80765 EPMP ASSESSMENT
02529 FAMILY/MARITAL
02530 FORENSIC EVALUATION
02531 FUNCTIONAL SYMPTOMS
02532 HISTORY
02533 MSE
02534 PRE/POST SURGICAL
02536 TREATMENT RECOMMEND/OUTCOME
02537 TRIAGE

02564 OTHER PROCEDURE
02545 AXIS IN DX PRESENT
02546 UNSPECIFIED
02547 NONE
02548 MINIMAL
02549 MILD
02550 MODERATE
02551 SEVERE
02552 EXTREME
02553 CATASTROPHIC
02558 UNSPECIFIED
02557 SUPERIOR
02558 VERY GOOD
02559 GOOD
02560 FAIR
02561 POOR
02562 VERY POOR
02563 GROSSLY IMPAIRED

RULE OUT

0 Ax I 0 Ax II

3170(X) MILD
3180(X) MODERATE
3181(X) SEVERE
1-W/ OTHER BEHAV SYMP

31401 W/HYPERACT
31400 W/O HYPERACT
31480 RESIDUAL TYPE

31200 UNDERSOCIAL, AGGRES
31210 UNDERSOCIAL NONAGGRESS
31223 SOCIALIZED, AGGRESSIVE
31221 SOCIALIZED, NONAGGRESS
31290 ATYPICAL

30921 SEPARATION ANXIETY DIS
31321 ANNOY DIS CHILD ADOL
31300 OVERANXIOUS DISORDER
31322 SCHIZOID DIS CHILD ADOL
31323 ELECTIVE MUTISM
31381 OPPOSITIONAL DIS
31382 IDENTITY DISORDER
30710 ANOREXIA NERVOSA
30751 BULIMIA
30750 ATYPICAL EATING DIS
30700 STUTTERING
30760 FUNCTIONAL ENURESIS
30748 SLEEPWALKING DISORDER
30749 SLEEP TERROR DISORDER
30701 DEVELOP READING DIS
30710 DEVELOP ARITHMETIC DIS
30731 DEVELOP LANGUAGE DIS

30730 SENILE ONSET W/DELIRIUM
30720 SENILE ONSET W/DELUSIONS
30721 SENILE ONSET W/DEPRESSION
30700 SENILE ONSET UNCOMPLICATED
30731 RESILENT ONSET
2974X MULTIINFARCT DEMENTIA
1 W/ DELIRIUM
2 W/ DELUSIONS
3 W/ DEPRESSION

29700 ALC INTOXICATION
29740 ALC IDIOSYNCRATIC INTOXICATION
29780 ALC WITHDRAWAL
29700 ALC WITHDRAWAL DELIRIUM
29730 ALC HALLUCINOSIS
29710 ALC AMNESTIC DISORDER
2972X DEMENTIA ASSOC W/ALCOHOL
1 MILD
2 MODERATE
3 SEVERE
29700 DELIRIUM

29410 DEMENTIA
29400 AMNESTIC SYNDROME
29381 ORGANIC DELUSIONAL SYND
29382 ORGANIC HALLUCINOSIS
29383 ORGANIC AFFECTIVE SYND
31010 ORGANIC PERSONALITY SYND
29480 ATYPICAL/MIXED

3050X ALCOHOL ABUSE
3039X ALCOHOL DEPENDENCE
3054X BARB SIM ACT SED HYP ABUSE
3041X BARB SIM ACT SED HYP DEP
3055X OPIOID ABUSE
3040X OPIOID DEPENDENCE
3056X COCAINE ABUSE
3057X AMPHET SIM ACT SYMPATH ABUSE
3044X AMPHET SIM ACT SYMPATH DEP
3284X PCP SIM ACT ARYLICL ABUSE
3053X HALLUCINOGEN ABUSE
3052X CANNABIS ABUSE
3043X CANNABIS DEPENDENCE
3059X OTHER, MIXED/UNSPEC SUB ABUSE
3049X UNSPEC SUBSTANCE DEPEND
3047X DEP COMB OPIOID & NON ALC SUB
3048X DEP COMB SUB EXC OPIOID & ALC
1- CONTINUOUS
2- EPISODIC
3- IN REMISSION

2951X DISORGANIZED
2952X CATATONIC
2953X PARANOID
2959X UNDIFFERENTIATED
2956X RESIDUAL
1-SUBCHRONIC
2-CHRONIC
3-SUBCHRONIC W/ACUTE EXACER
4-CHRONIC W/ACUTE EXACER
5-IN REMISSION

29710 PARANOID
29830 ACUTE PARANOID DIS
29790 ATYPICAL PARANOID DIS

29540 SCHIZOPHRENIFORM DIS
29880 BRIEF REACTIVE PSYCHOSIS
29570 SCHIZOAFFECTIVE DIS
29890 ATYPICAL PSYCHOSIS

2966X BIPOLAR DISOR MIXED
2964X BIPOLAR DISOR MANIC
2965X BIPOLAR DISOR DEPRESSED
6-IN REMISSION
4-W/PSYCHOTIC FEATURES
7-W/PSY FEA MOOD INCG
2-W/O PSYCHOTIC FEA

2962X MAJ DEPRESS SINGLE EPISODE
2963X MAJ DEPRESS RECURRENT
6-IN REMISSION
4-W/PSY FEATURES
7-W/PSY FEA MOOD INCG
3-W/MELANCHOLIA
2-W/O MELANCHOLIA
30113 CYCLOTHYMIC DISORDER
30040 DYSTHYMIC DISORDER
29670 ATYPICAL BIPOLAR DIS
29682 ATYPICAL DEPRESSION

30021 AGORAPHOB W/PANIC ATTACKS
30022 AGORAPHOB W/O PANIC ATTACK
30023 SOCIAL PHOBIA
30029 SIMPLE PHOBIA
30001 PANIC DISORDER
30002 GENERALIZED ANXIETY DIS
30030 OBSSSSIVE COMPULSIVE DIS
30030 PTSD ACUTE
30081 PTSD, CHRONIC OR DELAYED
30000 ATYPICAL ANXIETY DIS
30081 SOMATIZATION DISORDER
30011 CONVERSION DISORDER
30780 PSYCHOGENIC PAIN DIS
30070 HYPOCHONDRIASIS
30071 ATYPICAL SOMATOFORM DIS

30012 PSYCHOGENIC AMNESIA
30014 MULTIPLE PERSONALITY
30060 DEPERSONALIZATION DIS
30015 ATYPICAL DISSOCIATIVE DIS

30271 INHIBITED SEXUAL DESIRE
30272 INHIBITED SEXUAL EXCITE
30273 INHIBITED FEMALE ORGASM
30274 INHIBITED MALE ORGASM
30275 PREMATURE EJACULATION
30276 FUNCTIONAL DYSPAREUNIA
30651 FUNCTIONAL VAGINISMUS
30270 ATYPICAL PSYCHOSEX DYSFUNCT
30200 HEDONISTIC HOMOSEXUALITY
3029 PSYCHOSEX DIS WEC

30016 W/PSYCH SYMP
30151 CHRON W/PHYS SYMP
30019 ATYPIC W/PHYS SYMP

31232 KLEPTOMANIA
31234 INTERMITTENT EXPLOSIVE DIS
31235 ISOLATED EXPLOSIVE DIS
31239 ALCOHOL-INDUCED
30900 W/DEPRESSED MOOD
30924 W/ANXIOUS MOOD
30928 W/ANXIOUS FEATURES

30930 W/DISTURB OF CONDUCT
30940 W/MIXED DISTURB/COND
30923 WITH WORK OR ACAD INHIB
30983 WITH WITHDRAWAL
30990 WITH ATYPICAL FEATURES
31800 PSYCH FACT AFFECT PHYS COND

30100 PARANOID
30120 SCHIZOID
30122 SCHIZOTYPAL
30150 HISTRIONIC
30181 NARCISSISTIC
30170 ANTISOCIAL
30183 BORDERLINE
30182 AVOIDANT
30160 DEPENDENT
30140 COMPULSIVE
30184 PASSIVE-AGGRESSIVE
30189 ATYP MIXED/OTHER PERS DIS

V6520 MALINGERING
V6288 BORDERLINE INTELL FUNCT
V7101 ADULT ANTISOCIAL BEHAVIOR
V7102 CHILD/ADOL ANTISOC BEHAV
V6230 ACADEMIC PROBLEM
V6270 OCCUPATIONAL PROBLEM
V6282 UNCOMPLICATED BEREAVEMENT
V1581 NONCOMPLI W/MED TREAT
V6289 PHASE LIFE/CIRCUM PROB
V6110 MARITAL PROBLEM
V6120 PARENT-CHILD PROBLEM
V6180 OTHER SPECIFIC FAMILY CIRCUM
V6281 OTHER INTERPERS PROB
30090 UNSPEC MENT DIS NONPSYCHOT
V7109 NO DX/COND ON AXIS I/II
79990 Dx/COND DEFER AXIS I/II

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX
(if not listed in columns above)

AXIS I					AXIS II				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
S	2	2	2	2	S	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROVIDER

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1 YES NO

PROV #2 YES NO

Have you seen this patient before?

If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other

MARK ONLY ONE

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

- Health maintenance
- Acute problem
- Chronic Problem
- Trauma/Injury follow-up
- Surgical follow-up

DISPOSITION

- Discharged from clinic
- Return PRN
- Return appointment
- Admitted
- Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5

6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5

6 7 8 9 +

X RAYS

- Plain films
- Barium study
- IVP
- CT scan
- MR scan
- Ultrasound
- Nuclear med scan
- Angiographic study
- Other

OTHER

- Adaptive appliance/equip.
- EEG
- EKG
- Pul function
- EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

- Referred to other clinic
- Referred to VA
- Referred to other Fed. Fac.
- Referred to civilian provider
- Referred to civ. Health Dept.
- Letters/Forms
- Supplemental care
- Champus for the handicapped
- Other Champus
- Quarters (military)
- Home (non-military)
- Work w/limitations
- Profile
- Specific preassigned clinic codes

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

PULMONARY PATIENT

TODAY'S DATE

DAY MONTH YEAR

PATIENT

PATIENT INFORMATION

FMP

BIRTHDATE

DAY MONTH YEAR

ADMINISTRATION

UCA DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

PLACE OF VISIT

- Clinic/Office
 - Ward
 - Telephone
 - Home
 - Other
- MARK ONLY ONE

APPOINTMENT STATUS

- Scheduled
 - Unscheduled
 - Emergency
- MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

- Yes
- No

2. Patient being seen for new problem?

- Yes
- No

033348

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1 YES NO

PROV #2 YES NO

Have you seen this patient before?

If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

- ☐ Health maintenance
- ☐ Acute problem
- ☐ Chronic Problem
- ☐ Trauma/Injury follow-up
- ☐ Surgical follow-up

DISPOSITION

- ☐ Discharged from clinic
- ☐ Return PRN
- ☐ Return appointment
- ☐ Admitted
- ☐ Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ 6 ☐ 7 ☐ 8 ☐ 9

PRESCRIPTIONS

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ 6 ☐ 7 ☐ 8 ☐ 9

X RAYS

- ☐ Plain films
- ☐ Barium study
- ☐ IVP
- ☐ CT scan
- ☐ MR scan
- ☐ Ultrasound
- ☐ Nuclear med scan
- ☐ Angiographic study
- ☐ Other

OTHER

- ☐ Adaptive appliance/equip.
- ☐ EEG
- ☐ EKG
- ☐ Pul function
- ☐ EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

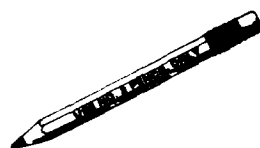
- ☐ Referred to other clinic
- ☐ Referred to VA
- ☐ Referred to other Fed. Fac.
- ☐ Referred to civilian provider
- ☐ Referred to civ. Health Dept.
- ☐ Letters/Forms
- ☐ Supplemental care
- ☐ Campus for the handicapped
- ☐ Other Campus
- ☐ Quarters (military)
- ☐ Home (non-military)
- ☐ Work w/limitations
- ☐ Profile
- Specific preassigned clinic codes

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



RADIOTHERAPY PATIENT

PATIENT

TODAY'S DATE

DAY MONTH YEAR

1 2 3 4 5 6 7 8 9 0

SPONSOR'S SSN

1 2 3 4 5 6 7 8 9 0

PATIENT INFORMATION

FMP

BIRTHDATE

DAY MONTH YEAR

1 2 3 4 5 6 7 8 9 0

ADMINISTRATION

CLINIC DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

1 2 3 4 5 6 7 8 9 0

PLACE OF VISIT

☐ Clinic/Office

☐ Ward

☐ Telephone

☐ Home

☐ Other

MARK ONLY ONE

APPOINTMENT STATUS

☐ Scheduled

☐ Unscheduled

☐ Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes

☐ No

2. Patient being seen for new problem?

☐ Yes

☐ No

04859

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
A	B	C	D	E	F
1	2	3	4	5	6
7	8	9	0	1	2
3	4	5	6	7	8
9	0	1	2	3	4
5	6	7	8	9	0
1	2	3	4	5	6
7	8	9	0	1	2
3	4	5	6	7	8
9	0	1	2	3	4
5	6	7	8	9	0
1	2	3	4	5	6
7	8	9	0	1	2
3	4	5	6	7	8
9	0	1	2	3	4
5	6	7	8	9	0
1	2	3	4	5	6
7	8	9	0	1	2
3	4	5	6	7	8
9	0	1	2	3	4
5	6	7	8	9	0
1	2	3	4	5	6
7	8	9	0	1	2
3	4	5	6	7	8
9	0	1	2	3	4
5	6	7	8	9	0
1	2	3	4	5	6
7	8	9	0	1	2
3	4	5	6	7	8
9	0	1	2	3	4
5	6	7	8	9	0
1	2	3	4	5	6
7	8	9	0	1	2
3	4	5	6	7	8
9	0	1	2	3	4
5	6	7	8	9	0
1	2	3	4	5	6
7	8	9	0	1	2
3	4	5	6	7	8
9	0	1	2	3	4
5	6	7	8	9	0
1	2	3	4	5	6
7	8	9	0	1	2
3	4	5	6	7	8
9	0	1	2	3	4
5	6	7	8	9	0
1	2	3	4	5	6
7	8	9	0	1	2
3	4	5	6	7	8

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

- ☐ Health maintenance
- ☐ Acute problem
- ☐ Chronic Problem
- ☐ Trauma/Injury
- ☐ follow-up
- ☐ Surgical follow-up

DISPOSITION		
<input type="radio"/> Discharged from clinic	}	MARK ONLY ONE
<input type="radio"/> Return PRN		
<input type="radio"/> Return appointment		
<input type="radio"/> Admitted		
<input type="radio"/> Expired		

ORDERED
OUT OF CLINIC

LAB

(0) (1) (2) (3) (4) (5)
(6) (7) (8) (9) (+)

PRESCRIPTIONS

(0) (1) (2) (3) (4) (5)
(6) (7) (8) (9) (+)

X RAYS

☐ Plain films
☐ Barium study
☐ IVP
☐ CT scan
☐ MR scan
☐ Ultrasound
☐ Nuclear med scan
☐ Angiographic study
☐ Other

OTHER

☐ Adaptive appliance/equip.
☐ EEG
☐ EKG
☐ Pul function
☐ EMG

**REFERRALS AND
SUPPLEMENTAL DISPOSITION**

(MARK AS MANY AS APPLICABLE)

☐ Referred to other clinic

☐ Referred to VA

☐ Referred to other Fed. Fac.

☐ Referred to civilian provider

☐ Referred to civ. Health Dept.

☐ Letters/Forms

☐ Supplemental care

☐ Champus for the handicapped

☐ Other Champus

☐ Quarters (military)

☐ Home (non-military)

☐ Work w/limitations

☐ Profile

Specific preassigned
clinic codes

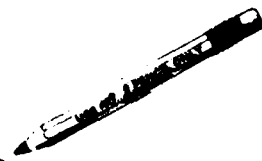
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



RHEUMATOLOGY PATIENT

DAY			MONTH	YEAR
			01	00
0	0	0	02	00
1	1	1	03	00
2	2	2	04	00
3	3	3	05	00
4	4	4	06	00
5	5	5	07	00
6	6	6	08	00
7	7	7	09	00
8	8	8	10	00
9	9	9	11	00
0	0	0	12	00

[illegible]

PATIENT INFORMATION			
FMR	BIRTHDATE		
	DAY	MONTH	YEAR
		<input type="radio"/> Jan	
		<input type="radio"/> Feb	
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> Mar	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> Apr	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> May	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> Jun	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> Jul	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> Aug	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> Sep	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> Oct	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> Nov	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> Dec	<input type="radio"/> 0

ADMINISTRATION

UCA DATA									
CLINIC CODE					INPATIENT OR REFERRAL CODE				
B	A	A	A	A	A	A	A	A	A
D	C	C	C	C	B	C	C	C	C
F	D	D	D	D		D	D	D	D
					C	E	E	E	E
						F	F	F	F
					F	G	G	G	G
						H	H	H	H
						I	I	I	I
						J	J	J	J
						K	K	K	K
						L	L	L	L
						M	M	M	M
						N	N	N	N
						O	O	O	O
						P	P	P	P
						Q	Q	Q	Q
						R	R	R	R
						S	S	S	S
						T	T	T	T
						U	U	U	U
						V	V	V	V
						W	W	W	W
						X	X	X	X
						Y	Y	Y	Y
						Z	Z	Z	Z

PLACE OF VISIT

☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

MARK ONLY ONE

① ② ③ ④ ⑤

APPOINTMENT STATUS		MARK ONLY ONE
<input type="radio"/> Scheduled <input type="radio"/> Unscheduled <input type="radio"/> Emergency	}	

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes

☐ No

2. Patient being seen for new problem?

☐ Yes

☐ No

05479

EVALUATION, SERVICES, PROCEDURES

(MARK AS MANY AS APPLICABLE) ?

ADDITIONAL PROCEDURES

ARTHRICENTESIS/INJECTION

- ☐ 20605 INTERMEDIATE JOINT
☐ 20610 MAJOR JOINT
☐ 20600 SMALL JOINT
☐ 86501 CYTOTOXIC INFUSION/INJECTION
☐ 86503 GOLD INJECTION
☐ 20551 SOFT TISSUE INJECTION
☐ 84206 EXAM, SYNOVIAL FLUID, CRYSTALS

1					2				
0	0	0	0	0	0	0	0	0	
1	1	1	1	1	1	1	1	1	
2	2	2	2	2	2	2	2	2	
3	3	3	3	3	3	3	3	3	
4	4	4	4	4	4	4	4	4	
5	5	5	5	5	5	5	5	5	
6	6	6	6	6	6	6	6	6	
7	7	7	7	7	7	7	7	7	
8	8	8	8	8	8	8	8	8	
9	9	9	9	9	9	9	9	9	

MALE OUT

O 1° O 2°

- ☐ 7141 FELTY'S SYNDROME
☐ 71434 JUVENILE RA (ADULT)
☐ 7140 RHEUMATOID ARTHRITIS
☐ 4430 RAYNAUD'S SYNDROME
☐ 7102 SJOGEREN'S (SICCA)
☐ 7200 ANKYLOSING SPONDYLITIS
☐ 7131 ENTEROPATHIC ARTHRITIS
☐ 8960 PSORIATIC ARTHRITIS
☐ 0893 REITER'S SYNDROME
☐ 0402 WHIPPLE'S DISEASE

LUPUS ERYTHEMATOSUS AND OVERLAP SYNDROMES

- ☐ 69540 DISCOID LUPUS ERYTHEMATOSUS
☐ 7100 SYSTEMIC LE
☐ 71091 MCTD/OVERLAP SYNDROMES

VASCULITIC SYNDROMES

- ☐ 2870 ALLERGIC PURPURA (SCHONLEIN-HENOCH)
☐ 44761 ARTERITIS (UNSPEC)
☐ 1361 BENCET'S SYNDROME
☐ 4431 BUERGER'S DISEASE
☐ 44601 EOSINOPHILIC VASCULITIS (CHURG-STRAUSS)
☐ 6952 ERYTHEMA NODOSUM
☐ 2730 HYPERGAMMAGLOBULINEMIC PURPURA
☐ 4465 GIANT CELL ARTERITIS
☐ 44621 GOODPASTURE'S SYNDROME
☐ 4463 LETHAL MIDLINE GRANULOMA
☐ 72930 PANNICULITIS, WEBER-CHRISTIAN
☐ 4460 POLYARTERITIS NODOSA
☐ 725 POLYMYALGIA RHEUMATICA
☐ 4467 TAKAYASU'S ARTERITIS
☐ 4466 TTP
☐ 4464 WEGENER'S GRANULOMATOSIS

CONNECT TISSUE DX W/FIBROSIS

- ☐ 71012 CREST SYNDROME
☐ 7286 DUPUYTREN'S CONTRACTURE
☐ 70103 LINEAR SCLERODERMA
☐ 70102 LOCALIZED SCLERODERMA (MORPHEA)
☐ 7101 SYSTEMIC SCLEROSIS

INFLAM DISEASES OF MUSCLES

- ☐ 7103 DERMATOMYOSITIS
☐ 7104 POLYMYOSITIS

RHEUMATIC DISEASES-CHILDHOOD

- ☐ 2870 ALLERGIC PURPURA (SCHONLEIN-HENOCH)
☐ 71430 JUVENILE RHEUM ARTHRITIS
☐ 4461 KAWASAKI'S (MCLG)

RHEUMATIC FEVER

- ☐ 390 W/O HEART INVOLVEMENT
☐ 391 W/HEART INVOLVEMENT

- ☐ 27813 CELLULAR IMMUNODEFICIENCY
☐ 2782 COMBINED IMMUNODEFICIENCY
☐ 2788 COMPLEMENT DEFICIENCY STATES
☐ 2732 CRYOGLOBULINEMIA
☐ 27801 IGA DEFICIENCY
☐ 27803 IGG DEFICIENCY
☐ 27802 IGM DEFICIENCY

- ☐ 274 GOUT
☐ 2740 GOUTY ARTHROPATHY
☐ 27481 GOUTY TOPH OF EAR
☐ 27482 GOUTY TOPH OTHER SITES
☐ 2772 HG-PRT DEFICIENCY
☐ 7126 HYDROXYAPATITE ARTHROPATHY
☐ 7122 PSEUDOGOUT

- ☐ 71590 OSTEOARTHRITIS
☐ 73399 POLYCHONORITIS, RELAPSING

- ☐ 2773 AMYLOIDOSIS
☐ 135 SARCOIDOSIS
☐ 7137 SARCOID ARTHRITIS
☐ 2728 RETICULOHISTOCYTOSIS, MULTICENTRIC

- ☐ 2520 HYPERPARATHYROIDISM
☐ 2750 HEMOCHROMATOSIS

- ☐ 7118 FUNGAL ARTHRITIS
☐ 0159 MYCOBACTERIAL ARTHRITIS
☐ 7110 PYOGENIC ARTHRITIS
☐ 7115 VIRAL ARTHRITIS
☐ 7119 UNSPEC INFECTIOUS ARTHRITIS

ARTHRITIS WITH OTHER SYSTEMIC DISEASES

- ☐ 7130 ENDOCRINE ARTHROPATHY
☐ 71322 HEMOPHILIA ARTHROPATHY
☐ 71321 HEMOGLOBINOPATHY ARTHROPATHY
☐ 7312 HYPERTROPHIC PULMONARY OSTEO-ARTHO-

- ☐ 72991 MUSCULOSKELETAL SYNDROMES ASSOC WITH MALIGNANCY
☐ 71323 SICKLE CELL ARTHROPATHY

INHERITED DISORDERS OF CONNECTIVE TISSUE

- ☐ 75683 EHLERS-DANLOS SYNDROME
☐ 7598 MARFAN'S SYNDROME

- ☐ 73329 FIBROUS DYSPLASIA
☐ 7330 OSTEOPOROSIS
☐ 2682 OSTEOMALACIA
☐ 5880 OSTEODYSTROPHY, RENAL
☐ 7310 PAGET'S DISEASE

- ☐ 7260 ADHESIVE CAPSULITIS-SHOULDER
☐ 73340 ASEPTIC NECROSIS
☐ 72751 BAKER'S CYST, KNEE
☐ 7234 CERVICAL RADICULITIS
☐ 7135 CHARCOT JOINT
☐ 72632 EPICONDYLITIS LATERAL
☐ 72631 EPICONDYLITIS MEDIAL
☐ 7290 FIBROSITIS, NOS
☐ 72743 GANGLION CYST
☐ 7265 TROCHANTERIC BURSITIS
☐ 7191 HEMARTHROSIS
☐ 7190 HYDRARTHROSIS
☐ 7285 HYPERMOBILITY SYNDROME
☐ 72421 LOW BACK PAIN W/O RADIATION
☐ 72422 LOW BACK PAIN W/RADIATION
☐ 7166 MONOARTICULAR ARTHRTS-UNSPEC
☐ 7291 MYALGIA
☐ 72633 OLECRANON BURSITIS, NONTRAUMA
☐ 7331 PATHOLOGIC FRACTURE
☐ 7264 PERIARTHRITIS OF WRIST
☐ 7165 POLYARTICULAR ARTHRTS-UNSPEC
☐ 72665 PREPATELLAR BURSITIS
☐ 7281 ROTATOR CUFF SYNDROME
☐ 7276 RUPTURE OF TENDON, NON-TRAUMA
☐ 7202 SACROILITIS NEC
☐ 7243 SCIATICA

- ☐ 71841 SHOULDER PAIN
☐ 72400 SPINAL STENOSIS
☐ 7270 SYNOVITIS/TENOSYNOVITIS
☐ 7336 TIETZ'S DISEASE
☐ 5246 TMJ SYNDROME
☐ 72703 TRIGGER FINGER

- ☐ 7655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)	
Yes	No
UNLISTED DX (if not listed in columns above)	
PRIMARY DX	SECONDARY DX
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

TIME SPENT										TIME SPENT										
#1 CARL PROVIDER					#1					#2					#2 CARL PROVIDER					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 hour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 hour/30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 hours/30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 hours/30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 hours/30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

PROV #1										PROV #2														
YES					NO					YES					NO									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Have you seen this patient before?														
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If yes, have you treated this patient for this problem before?									

REASON FOR #2 CARL PROVIDER											
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	}	MARK ONLY ONE
Teaching/Supervision											
Consultation											
Procedure/Treatment											
Other											

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

☐ Health maintenance

☐ Acute problem

☐ Chronic problem

☐ Trauma/Injury

☐ follow-up

☐ Surgical follow-up

DISPOSITION

<input type="radio"/> Discharged from clinic	}	MARK ONLY ONE
<input type="radio"/> Return PRN		
<input type="radio"/> Return appointment		
<input type="radio"/> Admitted		
<input type="radio"/> Expired		
<input type="radio"/> Transfer		
<input type="radio"/> Hold/Wait		

SPECIAL PROGRAMS

☐ FAP

☐ EFMP

☐ ADAPCP

☐ PRP

☐ NSP

☐ Adoption

☐ Other

(1) (2) (3)

**REFERRALS AND
SUPPLEMENTAL DISPOSITION**

(MARK AS MANY AS APPLICABLE)

- ☐ Referred to other clinic
- ☐ Referred to VA
- ☐ Referred to other Fed. Fac.
- ☐ Referred to civilian provider
- ☐ Referred to civ. Health Dept.
- ☐ Letters/Forms
- ☐ Supplemental care
- ☐ Champus for the handicapped
- ☐ Other Champus
- ☐ Quarters (military)
- ☐ Home (non-military)
- ☐ Work w/limitations
- ☐ Profile

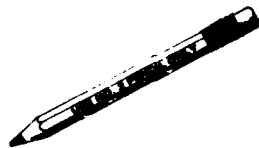
Specific preassigned clinic codes

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INSTRUCTIONS

- **DO NOT** use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA



DO NOT MARK IN THIS AREA

SOCIAL WORK CLIENT

PATIENT

TODAY'S DATE				
DAY		MONTH	YEAR	
		<input type="radio"/> Jan		
		<input type="radio"/> Feb		
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> Mar	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> May	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> Jun	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> Jul	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> Aug	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> Sep	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> Oct	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> Nov	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> Dec	<input type="radio"/> 9	<input type="radio"/> 0

[illegible]

PATIENT INFORMATION											
FMP		BIRTHDATE									
		DAY		MONTH		YEAR					
0	0	0	0					0	0		
1	1	1	1								
2	2	2	2					0	0		
3	3	3	3					1	1		
4	4	4	4					2	2		
5	5	5	5					3	3		
6	6	6	6					4	4		
7	7	7	7					5	5		
8	8	8	8					6	6		
9	9	9	9					7	7		
								8	8		
								9	9		

ADMINISTRATION

EUCA DATA									
CLINIC CODE					INPATIENT OR REFERRAL CODE				
B	A	A	A		A	A	A	A	
B	B	B	B		B	B	B	B	
C	C	C	C		B	C	C	C	
C	C	C	C		C	C	C	C	
F	F	F	F		C	F	F	F	
F	F	F	F		F	F	F	F	
S	H	H	H		F	H	H	H	
	H	H	H		S	I	I	I	
	I	I	I			J	J	J	
	J	J	J			K	K	K	
	K	K	K			L	L	L	
	L	L	L			M	M	M	
	M	M	M			N	N	N	
	N	N	N			O	O	O	
	O	O	O			P	P	P	
	P	P	P			P	P	P	
	P	P	P			R	R	R	
	R	R	R			R	R	R	
	S	S	S			S	S	S	
	S	S	S			T	T	T	
	T	T	T			T	T	T	
	T	T	T			V	V	V	
	V	V	V			V	V	V	
	V	V	V			X	X	X	
	X	X	X			X	X	X	
	X	X	X			Y	Y	Y	
	Y	Y	Y			Y	Y	Y	
	Y	Y	Y			Z	Z	Z	
	Z	Z	Z			Z	Z	Z	

PLACE OF VISIT

☐ Clinic/Office
☐ Ward
☐ Telephone
☐ Home
☐ Other

} **MARK ONLY ONE**

(1) (2) (3) (4) (5)

APPOINTMENT STATUS

☐ Scheduled

☐ Unscheduled

☐ Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

☐ Yes

☐ No

2. Patient being seen for new problem?

☐ Yes

☐ No

000307

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

COLLATERAL

02420 FAM MEM
02421 PHYSICIAN
02422 NURSING
02423 PAD
02424 VA
02425 JAG
02426 CIVILIAN AGENCY
02427 OTHER MIL MED FACIL
02428 ADAPCP
02429 SCHOOL
02430 UNIT
02431 COURT APPEARANCE
02432 OTHER I
02433 OTHER II
02434 OTHER III

PROCEDURES

02400 INDIVIDUAL THERAPY/COUNSELING
02401 MARITAL/CUPLE THERAPY
02402 FAMILY THERAPY
02403 GROUP THERAPY/COUNSELING
02404 EVALUATION INTERVIEW
03010 DISCHARGE PLANNING
02105 COLLATERAL CONTACT
02407 HOME VISIT
02408 RESEARCH
02086 EFMP ASSESSMENT
02409 OTHER I
02410 OTHER II
02411 OTHER III

ADDITIONAL PROCEDURES

1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

RULE OUT

1 2

V6031 LIVES ALONE, UNABLE TO CARE FOR SELF
S2102 PHYSICAL BARRIERS, HOME OR COMMUNITY
S2103 HEALTH HAZARDS
V601 INADEQUATE HOUSING
S2105 BARRACKS CONDITION
S2106 ADEQUATE HOUSING
UNAVAILABLE FOR DEPENDS
S2107 FACES EVICTION
S2108 OTHER

S2111 RESPONSIBLE RELATIVE UNABLE TO COPE
S2112 INADEQUATE SUPPORT FROM EXTENDED FAMILY
V6120 PARENT-CHILD PROBLEM
V6110 MARITAL PROBLEM
S2115 SITUAT FAMILY SEPARATION
V617 UNWANTED PREGNANCY
S2117 PROBLEM ASSOCIATED WITH BEING SOLE PARENT
S2118 CHILD MOTHER
S2119 PROBLEM ASSOCIATED W/TROOP DEPLOYMENT
S2120 OTHER

S2131 PROBLEM ADJUSTING TO MEDICAL CONDITION
S2132 ADJUSTMENT TO ACUTE ILLNESS
S2133 ADJUSTMENT TO CHRONIC ILLNESS
S2134 ADJUSTMENT TO TERMINAL ILLNESS
S2135 ADJUSTMENT TO CHRON DISABILITY
S2136 POOR UNDERSTANDING OF INJURY: ILLNESS, DEATH
S2137 POOR UNDERSTANDING OF TREATMENT PROCESS
S2138 UNABLE TO FOLLOW TREATMENT PROGRAM
S2139 UNWILLING TO FOLLOW TREATMENT PROGRAM
S2140 SECONDARY GAINS FROM ILLNESS/INJURY
S2141 INAPPROPRIATE USE OF MTF
S2142 NEEDS DISCHARGE PLAN
S2143 NEEDS NURSING HOME PLACEMENT
S2144 DEPENDENCE ON MACHINES
S2145 ASSAULT VICTIM
S2146 REQUESTS/REQUESTS PROC NOT AVAILABLE THRU MIL/CHAMPUS
S2147 OTHER

S2151 INADEQUATE INCOME
S2152 INADEQUATE HEALTH COVERAGE
S2153 POOR MONEY MANAGEMENT
S2154 INDEBTEDNESS
S2155 PAY PROBLEMS
S2156 BAD CHECK WRITING
S2157 UNEXPECTED/EMERGENCY EXPENSES
S2158 OTHER

S2181 ILLITERATE
V400 LEARNING PROBLEM
S2163 POOR READER
S2164 SCHOOL DROPOUT
S2165 INADEQUATE TRAINING/EDUCATION
S2166 NEEDS SPEC EDUCATIONAL PROGRAM
REQUIRES INFORMATION RE.
S2168 MGT OF ILLNESS/INJURY
S2169 PRE/POST-NATAL ALTERNATIVES
S2170 OTHER

V6201 NEEDS EMPLOYMENT
S2182 UNDEREMPLOYMENT
V6202 LAID OFF
S2184 SUPERIOR SUBORD RELATIONSHIP DIFFICULTIES
S2185 LIMITATIONS IN KINDS OF EMPLOYMENT
S2186 INAPPROPRIATE EMPLOYMENT
S2187 INADEQUATE JOB PERFORMANCE
S2188 OTHER
V6251 NEED CONSENT TO ADMIT OR TREAT
V6252 NEED CONSENT FOR SURGICAL PROCEDURES
V6253 NEED CONSENT FOR DISCHARGE PLANNING
V6254 NEED PROTECTIVE SERVICES FOR CHILDREN OR ADULTS
V6255 NEED LEGAL ASSIST FOR CIVIL AND/OR MEDICAL MATTERS
V6256 OTHER
30590 DRUG ABUSE
30500 ALCOHOL ABUSE
S2203 SOCIAL ISOLATION
S2204 PEER RELATIONSHIP DIFFICULTIES
S2205 PROBLEMS WITH OTHER PERSONAL RELATIONSHIP
V6282 BEREVEMENT, UNCOMPLICATED
S2207 NORM REACT TO STRESS SITUATION
S2208 BEHAVIORAL MANAGEMENT
S2209 BEHAVIOR STRESSFUL TO PTS/STAFF
S2210 BEHAVIOR STRESSFUL TO SELF/FAMILY/SIG OTHER

S2211 OTHER

S2221 MANAGEMENT PROBLEMS
S2222 ABSENCE FROM SCHOOL
S2223 DISCIPLINE PROBLEMS AT SCHOOL
S2224 DELINQUENCY
S2225 OTHER

S2231 PROBLEMS ADJUSTING TO

DIFFERENT CULTURE
S2232 CONFLICTS OF CUSTOMS, MORES, ETC
S2233 LANGUAGE LIMITATIONS
S2234 OTHER

S2241 LACK OF RELIGIOUS SUPPORT
V6261 RELIGION OPPOSES MEDICAL CARE
S2243 RELIGIOUS PRACTICE CONFLICTS
S2244 CONSCIENTIOUS OBJECTOR
S2245 OTHER

S2251 NO RESOURCES AVAILABLE
S2252 RESOURCES INACCESSIBLE
S2253 RESOURCES INADEQUATE FOR NEEDS OF PATIENT/FAMILY
S2254 RESOURCE DELAY RESPONDING TO NEED
V6391 NO VACANCIES IN OTHER HEALTH CARE FACILITIES
S2256 OTHER
S2261 PATIENT/FAMILY HAS NO PRIVATE TRANSPORTATION RESOURCES
S2262 NO COMMUNITY RESOURCES AVAILABLE
S2263 RESOURCES UNABLE TO RESPOND ON TIMELY BASIS

S2264 UNRELIABLE TRANSPORTATION
S2265 RESOURCES UNABLE TO MEET NEEDS OF PATIENT/FAMILY
S2266 OTHER

S2271 ELDERLY
S2272 CHILD
S2273 OTHER

S2274 SUS ELDERLY ABUSE
S2275 CONF ELDERLY ABUSE
V6122 SUS CHILD NEG
V6123 CONF CHILD NEG
V6124 SUS CHILD ABUSE
V6125 CONF CHILD ABUSE
S2279 SUS SPOUSE ABUSE
S2280 CONF SPOUSE ABUSE
S2281 OTHER ABUSED PERSON

S2291 MULTI-PROBLEM SITUATION
S2292 NEEDS ADOPTIVE SERVICES
S2293 STRESS OF DIVORCE PROCEEDINGS
S2294 REFUGEE
S2295 ENVIRONMENTAL DISASTER
S2296 REQUEST/NEEDS INFORMATION
S2297 PROBLEMS CAUSED BY ADMIN/ BUREAUCRATIC FAILURE
S2298 OTHER I
S2299 OTHER II
S2300 OTHER III
S2301 OTHER IV

V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED PRB/DX
(if not listed in columns above)

PRIMARY					SECONDARY				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

EVALUATION SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

SPECIAL LAB SERVICES

82331 CALCIUM LOADING TEST
87205 GRAM STAIN & INTERPRETATION
89321 PROSTATIC SECRETIONS, EXPRESSED
89320 SEMEN ANALYSIS, COMPLETE
82355 STONE ANALYSIS
81000 URINALYSIS (DIP & SPIN)
87088 URINE CULT & COLONY COUNT

90011 DRESSING CHANGE
90002 SUTURE REMOVAL

CAG

☐ 51725 LIMITED
☐ 51785 W/ENG STUDIES
☐ 51772 W/SUBTRACTED PRESSURES
☐ 51795 W/VOIDING STUDY
☐ 51721 DMSO BLADDER INSTALLATIONS
☐ 11420 EXCISION OF SEBACEOUS CYST
☐ 51738 FLOW RATES
☐ 54055 FULGURATION OF CONDYLOMA
☐ 51720 INTRAVESICAL CHEMOTHERAPY
☐ 90032 PELVIC EXAM-FEMALE
☐ 55899 PROSTATIC MASSAGE
☐ 53060 SKENE'S GLAND DRAINAGE
☐ 53270 SKENE'S GLAND EXCISION
☐ 50701 URETERAL DILATATION
URETHRAL DILATION
☐ 53660 FEMALE
☐ 53620 MALE
☐ 53670 URETHRAL CATHETER PLACEMENT
☐ 53675 URETHRAL CATHETER CHANGE
☐ 53450 URETHRAL MEATOPLASTY
☐ 55250 VASECTOMY

CIRCUMCISION

☐ 54152 CLAMP, NOT NEWBORN
☐ 54161 NON-CLAMP, NOT NEWBORN

RULE OUT

☐ 1° ☐ 2°

IMPOTENCE

☐ 60784 ORGANIC
☐ 30278 PSYCOGENIC
☐ 550 INGUINAL HERNIA
☐ 186 MALIGNANT NEOPLASM, TESTES
☐ 1899 MALIGNANT NEOPLASM, URINARY NOS
☐ 7885 OLIGURIA AND ANURIA
☐ 604 ORCHITIS AND EPIDIDYMITIS
☐ 75291 OTHER GENITAL ANOMALIES, MALE
☐ 0999 OTHER SEXUALLY TRANS DISEASE
☐ 60781 PEYRONIE'S
☐ 6073 PRIAPISM
☐ 5990 PYURIA/BACTERIURIA
☐ 605 REDUNDANT PREPUCE & PHIMOSIS
☐ 7889 RENAL COLIC
☐ 7882 RETENTION OF URINE
☐ 6080 SEMINAL VESICULITIS
☐ 6081 SPERMATOCELE
☐ 606 STERILITY, MALE
STRESS INCONTINENCE
☐ 6256 FEMALE
☐ 78832 MALE
☐ 586 RENAL FAILURE
☐ 6082 TORSION OF TESTES
☐ 7525 UNDESCENDED TESTICLES
☐ 78801 URETERAL COLIC
☐ 61610 VAGINITIS/VULVITIS
☐ 4564 VARICOCELE
☐ V2504 VASECTOMY REQUEST

7889 OTHER SYMPTOMS, GU

V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

☐ Yes ☐ No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX					SECONDARY DX				
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
A	0 0 0 0	5 minutes		A	0 0 0 0
B	1 1 1 1	10 minutes		B	1 1 1 1
C	2 2 2 2	15 minutes		C	2 2 2 2
D	3 3 3 3	20 minutes		D	3 3 3 3
E	4 4 4 4	30 minutes		E	4 4 4 4
F	5 5 5 5	45 minutes		F	5 5 5 5
G	6 6 6 6	1 hour		G	6 6 6 6
H	7 7 7 7	1 hour/30 minutes		H	7 7 7 7
I	8 8 8 8	2 hours		I	8 8 8 8
J	9 9 9 9	2 hours/30 minutes		J	9 9 9 9
K		3 hours		K	
L		3 hours/30 minutes		L	
M		4 hours		M	
N		4 hours/30 minutes		N	
O				O	
P				P	
Q				Q	
R				R	
S				S	
T				T	
U				U	
V				V	
W				W	
X				X	
Y				Y	
Z				Z	

PROV #1	PROV #2
YES NO	YES NO
Have you seen this patient before?	
If yes, have you treated this patient for this problem before?	

REASON FOR #2 CARE PROVIDER	MARK ONLY ONE
Teaching/Supervision	
Consultation	
Procedure/Treatment	
Other	

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)
Health maintenance
Acute problem
Chronic Problem
Trauma/Injury
follow-up
Surgical follow-up

DISPOSITION	MARK ONLY ONE
Discharged from clinic	
Return PRN	
Return appointment	
Admitted	
Expired	

ORDERED OUT OF CLINIC
LAB
0 1 2 3 4 5
6 7 8 9 +
PRESCRIPTIONS
0 1 2 3 4 5
6 7 8 9 +
X RAYS
Plain films
Barium study
IVP
CT scan
MR scan
Ultrasound
Nuclear med scan
Angiographic study
Other
OTHER
Adaptive appliance/equip
EEG
EKG
Pul function
EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION
Referred to other clinic
Referred to VA
Referred to other Fed. Fac.
Referred to civilian provider
Referred to civ. Health Dept.
Letters/Forms
Supplemental care
Champus for the handicapped
Other Champus
Quarters (military)
Home (non-military)
Work w/limitations
Profile
Specific preassigned clinic codes

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

UROLOGY
PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN	
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION			
FMP	BIRTHDATE		
0 1 2 3 4 5 6 7 8 9	DAY	MONTH	YEAR
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PLACE OF VISIT	MARK ONLY ONE
Clinic/Office	
Ward	
Telephone	
Home	
Other	

APPOINTMENT STATUS	MARK ONLY ONE
Scheduled	
Unscheduled	
Emergency	

STATUS OF VISIT
1. Patient seen this clinic last 12 months?
Yes
No
2. Patient being seen for new problem?
Yes
No

000321

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

SPECIAL LAB SERVICES

82331 CALCIUM LOADING TEST
87205 GRAM STAIN & INTERPRETATION
89321 PROSTATIC SECRETIONS, EXPRESSED
89320 SEMEN ANALYSIS, COMPLETE
82355 STONE ANALYSIS
81000 URINALYSIS (DIP & SPIN)
87088 URINE CULT & COLONY COUNT

90011 DRESSING CHANGE
90002 SUTURE REMOVAL

RULE OUT

01 02

IMPOTENCE

0080784 ORGANIC
0030278 PSYCOGENIC
00550 INGUINAL HERNIA
00186 MALIGNANT NEOPLASM, TESTES
001899 MALIGNANT NEOPLASM, URINARY NOS
007805 DUGURIA AND AMURIA
00604 ORCHITIS AND EPIDIDYMITIS
0075291 OTHER GENITAL ANOMALIES, MALE
000999 OTHER SEXUALLY TRANS DISEASE
0060781 PEYRONIE'S
008073 PRIAPISM
005990 PYURIA/BACTERIURIA
00605 REDUNDANT PREPUCE & PHIMOSIS
007880 RENAL COLIC
007882 RETENTION OF URINE
006080 SEMINAL VESICULITIS
006081 SPERMATOCELE
00606 STERILITY, MALE
006256 STRESS INCONTINENCE
0078832 FEMALE
00586 RENAL FAILURE
006082 TORSION OF TESTES
007525 UNDESCENDED TESTICLES
0078801 URETERAL COLIC
0061610 VAGINITIS/VULVITIS
004564 VARICOCELE
00V2504 VASECTOMY REQUEST
007889 OTHER SYMPTOMS, GU
00V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX					SECONDARY DX				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

0052310 W/REMOVAL OF F.B.
0074476 W/RETROGRADE PYELOGRAM
0052234 W/SMALL BLADDER TUMOR
RESECTION & FULGURATION
0052320 W/URETERAL CALCULUS REMOVAL
W/URETERAL CATHETERIZATION
0052004 UNILATERAL
0052005 BILATERAL
0060040 NEPHROSTOMY
0052335 URETEROSCOPY
0057452 VAGINOSCOPY (COLPOSCOPY)

0090788 ADMIN OF HCG-TESTOSTERONE
0090788 ANTIBIOTIC INJECTION
0055700 BIOPSY PROSTATE (NEEDLE)
0054500 BIOPSY TESTIS (OPEN)
0051010 CYSTOTOMY, SUPRAPUBIC TUBE
CIRCUMCISION
0054152 CLAMP, NOT NEWBORN
0054161 NON-CLAMP, NOT NEWBORN

0051725 LIMITED
0051785 W/EMG STUDIES
0051772 W/SUBTRACTED PRESSURES
0051795 W/VOIDING STUDY
0051721 DMSO BLADDER INSTALLATIONS
0011420 EXCISION OF SEBACEOUS CYST
0051738 FLOW RATES
0054055 FULGURATION OF CONDYLOMA
0051720 INTRAVESICAL CHEMOTHERAPY
0090032 PELVIC EXAM-FEMALE
0055899 PROSTATIC MASSAGE
0053060 SKENE'S GLAND DRAINAGE
0053270 SKENE'S GLAND EXCISION
0050701 URETERAL DILATATION
URETHRAL DILATION
0053660 FEMALE
0053620 MALE
0053670 URETHRAL CATHETER PLACEMENT
0053675 URETHRAL CATHETER CHANGE
0053450 URETHRAL MEATOPLASTY
0055250 VASECTOMY

005802 ABSCESS OF KIDNEY (PERIRENAL)
0075391 ANOMALIES, NOS
002234 BENIGN NEOPLASM
0075311 POLYCYSTIC KIDNEY DISEASE
00591 HYDRONEPHROSIS
001895 MALIGNANT NEOPLASM
001890 MALIGNANT NEOPLASM,
EXCEPT PELVIS
PYELONEPHRITIS
005901 ACUTE
005900 CHRONIC
007530 RENAL AGENESIS/DYSGENESIS
005920 STONE, KIDNEY

002232 BENIGN NEOPLASM
007532 DEFECTS OF URETER-OBSTRUCTIVE
001892 MALIGNANT NEOPLASM
005921 STONE, URETERAL
005934 OTHER OBSTRUCTION OF URETER

0075361 ATRESIA, CONGENITAL
002233 BENIGN NEOPLASM
CYSTITIS
005950 ACUTE
005952 CHRONIC
005962 FISTULA
001889 MALIGNANT NEOPLASM
0034461 NEUROGENIC DYSFUNCTION
005960 STENOSIS

0075362 ATRESIA
0022381 BENIGN NEOPLASM
005893 CARUNCLE OF URETHRA
001893 MALIGNANT NEOPLASM
005989 STRICTURE OF URETHRA
0059780 URETHRITIS
URETHROCELE/CYSTOCELE
008180 FEMALE
0059951 MALE
00600 BENIGN PROSTATIC HYPERTROPHY
00185 MALIGNANT NEOPLASM
006010 PROSTATITIS, ACUTE
006011 PROSTATITIS, CHRONIC

000980 ACUTE GONOCOCCAL INFECTION
007539 ANOMALIES, OTHER URINARY
007245 BACKACHE, UNSPEC
008071 BALANITIS
002239 BENIGN NEOPLASM, URINARY NOS
BENIGN NEOPLASM
00221 FEMALE GENITALIA
00222 MALE GENITALIA
005929 CALCULUS, UNSPEC
007881 DYSURIA
0078831 ENURESIS
005991 FISTULA
007884 FREQUENCY OF URINATION
005997 HEMATURIA
00603 HYDROCELE
007526 HYPOSPADIAS/EPISPADIAS

CLINICAL SHORT FORMS FOR PATIENT ENCOUNTERS

APPENDIX C

APPENDIX C

CLINICAL SHORT FORMS FOR PATIENT ENCOUNTERS

Allergy/Immunization Short Form
Short Form

[illegible]

SHORT FORM

FOR OUTPATIENTS ONLY

MARKING INSTRUCTIONS



- DO NOT USE INK OR BALLPOINT PEN.
- COMPLETELY FILL OVALS WITH DARK MARKS.
- ERASE CLEANLY AND MAKE NO STRAY MARKS.
- DO NOT FOLD THIS FORM.
- MARKING EXAMPLES:

ONLY CORRECT MARK

INCORRECT MARKS



SPONSOR'S SSN										PATIENT FMP	PATIENT BIRTHDATE		
											DAY	MONTH	YEAR
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

PROCEDURES
☐ 93786 BP Check
☐ 90650 Consultation w/Second Provider (patient not seen)
☐ 90765 EFMP Coding
☐ 93005 EKG w/o Interpretation
☐ 90720 Immunization Only
☐ 99091 Inprocessing Med Screen
☐ 99092 PDR Screen
☐ 90030 Prescription Refill w/o Exam
☐ 99093 PRP Screen
☐ 99094 Security Clearance Screen
☐ 90700 Shot Record Review
☐ 86581 TB Skin Test Administered
☐ 86582 TB Skin Test Read
☐ 90601 Telephone Consult Documented

Specific Preassigned Clinic Codes
 0 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION										PATIENT PMP		PATIENT BIRTHDATE			PROCEDURES	
SPONSOR'S SSN												DAY	MONTH	YEAR		
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<input type="checkbox"/> 93786 BP Check
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	<input type="checkbox"/> 90650 Consultation w/Second Provider (patient not seen)
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	<input type="checkbox"/> 90765 EFMP Coding
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	<input type="checkbox"/> 93005 EKG w/o Interpretation
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	<input type="checkbox"/> 90720 Immunization Only
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	<input type="checkbox"/> 99091 Inprocessing Med Screen
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	<input type="checkbox"/> 99092 POR Screen
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	<input type="checkbox"/> 90030 Prescription Refill w/o Exam
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	<input type="checkbox"/> 99093 PRP Screen
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	<input type="checkbox"/> 99094 Security Clearance Screen
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<input type="checkbox"/> 90700 Shot Record Review
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	<input type="checkbox"/> 86581 TB Skin Test Administered
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	<input type="checkbox"/> 86582 TB Skin Test Read
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	<input type="checkbox"/> 90601 Telephone Consult Documented
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	Specific Preassigned Clinic Codes
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	0 1 2 3 4 5 6 7 8

000432

PATIENT INFORMATION												PROCEDURES				
SPONSOR'S SSN										PATIENT FAP		PATIENT BIRTHDATE				
												DAY	MONTH	YEAR		
																<input type="radio"/> 93786 BP Check
																<input type="radio"/> 90650 Consultation w/Second Provider (patient not seen)
																<input type="radio"/> 90765 EFMP Coding
																<input type="radio"/> 93005 EKG w/o Interpretation
																<input type="radio"/> 90720 Immunization Only
																<input type="radio"/> 99091 Inprocessing Med Screen
																<input type="radio"/> 99092 POR Screen
																<input type="radio"/> 90030 Prescription Refill w/o Exam
																<input type="radio"/> 99093 PRP Screen
																<input type="radio"/> 99094 Security Clearance Screen
																<input type="radio"/> 90700 Shot Record Review
																<input type="radio"/> 86581 TB Skin Test Administered
																<input type="radio"/> 86582 TB Skin Test Read
																<input type="radio"/> 90601 Telephone Consult Documented
															Specific Presassigned Clinic Codes	
																<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

CLINICAL REPEAT PROCEDURE FORM FOR PATIENT ENCOUNTERS

APPENDIX D

REPEAT PROCEDURE FORM



000293

MAKE NO MARKS IN THIS AREA

- Do not use ink or ballpoint pen.
- Make dark marks that fill circle completely.



ONLY ACCEPTABLE MARK

- Erase cleanly any mark you wish to change.
- Make no stray marks.
- Do not fold this form.

This form will be used ONLY by the following clinics:

- Allergy
- Nutrition
- Occupational Therapy
- Pain
- Physical Therapy
- Radiation Therapy
- Renal Dialysis
- Respiratory Therapy
- Dermatology

FOR CLERICAL USE ONLY

PATIENT INFORMATION												
SPONSOR'S SSN						PATIENT PMP	PATIENT BIRTHDATE			PROCEDURE		
DAY	MONTH	YEAR	DAY	MONTH	YEAR							
0	0	0	0	0	0	0	0	0	0	0	0	
1	1	1	1	1	1	1	1	1	1	1	1	
2	2	2	2	2	2	2	2	2	2	2	2	
3	3	3	3	3	3	3	3	3	3	3	3	
4	4	4	4	4	4	4	4	4	4	4	4	
5	5	5	5	5	5	5	5	5	5	5	5	
6	6	6	6	6	6	6	6	6	6	6	6	
7	7	7	7	7	7	7	7	7	7	7	7	
8	8	8	8	8	8	8	8	8	8	8	8	
9	9	9	9	9	9	9	9	9	9	9	9	

DIAGNOSIS											
DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

UCA DATA											
CLINIC CODE						INPATIENT OR REFERRAL CODE					
DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CARE PROVIDER		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CARE PROVIDER		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CARE PROVIDER		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CARE PROVIDER		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CARE PROVIDER		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

SAMPLES OF COMPUTER REPORTS FOR SITES

APPENDIX E

APPENDIX E-1
SAMPLE REPORT

INTERNAL MEDICINE ENCOUNTERS BY PROVIDER
FOR 01 DEC 86 TO 31 DEC 86

CLINIC CODE	CLINIC TITLE	PROVIDER ID.	VISIT COUNT
BAAA	INTERNAL MEDICINE	A9440	14
		B1865	14
		B7148	35
		B8350	94
		B9447	14
		F8013	116
		G9193	42
		H2977	18
		H3706	8
		H6402	12
		K2487	51
		K2500	4
		K7360	11
		M1660	90
		O1004	27
		O8113	19
		O9294	36
		P0901	170
		P5557	137
		R5738	11
		S3018	20
		S6451	43
		T3007	14
		T7645	233
		T8437	15
		V1320	20
		W6612	45
		W8504	18
TOTAL VISITS FOR CLINIC BAAA			1,331

APPENDIX E-2
SAMPLE REPORT

PATIENT REGISTRATION CATEGORIES FOR DERMATOLOGY CLINIC
FROM 01 JAN 87 TO 31 JAN 87

CLINIC UCA	CLINIC NAME	PATIENT CATEGORY	PATIENT COUNT
BAPA	DERMATOLOGY CLINIC	A10	134
		A23	7
		A30	471
		A50	138
		A60	290
		F10	32
		F30	274
		F50	67
		F60	218
		M30	7
		M60	5
		* N O N E	533
		N10	2
		N30	28
		N50	1
		N60	33
		O30	2
		X20	5
TOTAL CLINIC BAPA			2,307

* N O N E INDICATES THOSE PATIENTS WHICH WERE NOT FULLY
REGISTERED WITH ALL REQUESTED DEMOGRAPHIC INFORMATION

APPENDIX E-3
SAMPLE REPORT

REFERRAL SOURCE AND PLACE OF VISIT
FROM 01 FEB 87 TO 28 FEB 87

CLINIC UCA	NUMBER OF ENCOUNTERS	PLACE OF VISIT	REFERRAL SOURCE
BAAA	2,089	CLINIC/OFFICE	
	11	CLINIC/OFFICE	
	3	TELEPHONE	AAAA
BABA	1,953	CLINIC/OFFICE	
	4	WARD	
BACA	420	CLINIC/OFFICE	
BAFA	294	CLINIC/OFFICE	
BAGA	325	CLINIC/OFFICE	
	19	WARD	
BAJA	33	CLINIC/OFFICE	
	60	NOT ANSWERED	
BAKA	426	CLINIC/OFFICE	
	34	NOT ANSWERED	
	20	WARD	
	2	CLINIC/OFFICE	AABA
	22	CLINIC/OFFICE	AABA
	6	WARD	AAMA
	4	CLINIC/OFFICE	ABDA
	5	CLINIC/OFFICE	ABGA
	9	CLINIC/OFFICE	ADAA
BAKA	9	WARD	ADAA
	4	NOT ANSWERED	
	13	CLINIC/OFFICE	BDAA
	5	CLINIC/OFFICE	BHAE
	19	CLINIC/OFFICE	BIYA
BALA	439	CLINIC/OFFICE	
	62	CLINIC/OFFICE	AAAA
	1	WARD	
	134	CLINIC/OFFICE	AABA
	13	NOT ANSWERED	AAFA
	16	CLINIC/OFFICE	AAHA
	11	CLINIC/OFFICE	AAIA
	74	CLINIC/OFFICE	AKA

APPENDIX E-4
SAMPLE REPORT

UCA: BGYA-FAMILY PRACTICE (MTF) PRIMARY PROVIDER DIAGNOSIS REPORT

FROM 01 SEP 86 TO 31 DEC 85

PROVIDER ID: H7133

CLINIC NAME	DESCRIPTION	DIAGNOSIS COUNT	PERCENT
FAMILY PRACTICE (MTF)	NO PROBLEM NOTED	147	35.17
	REFILL MEDICATION	84	20.09
	EXAM, MEDICAL	52	12.44
	PREGNANCY, NORMAL	26	6.21
	OTITIS MEDIA, SUPPURATIVE, ACUTE	13	3.10
	EXAM, WELL WOMAN	10	2.39
	NASOPHARYNGITIS, ACUTE (COMMON COLD)	8	1.91
	PREGNANCY, HIGH RISK	6	1.43
	PAIN, PELVIC	6	1.43
	DIABETES MELLITUS	5	1.20
	OTITIS MEDIA, SEROUS	5	1.20
	ANGINA PECTORIS	5	1.20
	HEADACHE	5	1.20
	EPILEPSY	4	0.96
	JOINT STIFFNESS	4	0.96
	RASH (EXANTHEMS), NOS	4	0.96
	PAIN, CHEST	4	0.96
	IMMUNIZATION, PROPHYLACTIC	3	0.71
	WART, VIRAL	3	0.71
	PHARYNGITIS, ACUTE	3	0.71
	HEPATITIS, UNSPEC	3	0.71
	CERVICITIS & ENDOCERVICITIS	3	0.71
	DERMATITIS, ATOPIC	3	0.71
	ARTHRALGIA	3	0.71
	PAIN, ABDOMINAL	3	0.71
	POSTPARTUM, ROUTINE FOLLOWUP	2	0.47
	BLOOD PRESSURE CHECK	2	0.47
	METABOLIC DISORDER, LIPID	2	0.47
TOTALS		418	99.99

APPENDIX E-5
SAMPLE REPORT

UCA : BGYA FAMILY PRACTICE (MTF) PRIMARY PROVIDER PROCEDURE REPORT

FROM 01 JAN 86 TO 31 DEC 86

PROVIDER ID: H7133

PROCEDURE CODE	PROCEDURE DESCRIPTION	PROCEDURE COUNT	PERCENT
99157	NURSE-PATIENT COUNSELING	72	10.25
90025	EXAM, PELVIC/PAP SMEAR	67	9.54
90700	SHOT RECORD REVIEW	64	9.11
59420	ANTEPARTUM CARE, ROUTINE	60	8.54
90013	EXAM, BREAST	60	8.54
90782	INJECTIONS, IM/SUBCUT	59	8.40
99155	COUNSELING	56	7.97
90701	IMM, DPT	32	4.55
90712	IMM, POLIO VIRUS, ORAL (SABIN)	30	4.27
90650	CONSULTATION, LIMITED	25	3.56
86581	TB TEST, TINE (ADMIN)	24	3.42
90745	INJECTION/OBSERVATION	23	3.27
90032	EXAM, PELVIC	18	2.56
90749	IMM, OTHER (PEDS)	14	1.99
90027	EXAM, PHYSICAL, COMPLETE, OB-GYN	12	1.70
90703	IMM, TT	11	1.56
90652	CONSULTATION, EXTENSIVE	9	1.28
17340	CRYOTHERAPY (CO2, LIQUID N)	8	1.14
90702	IMM, DT	8	1.14
90724	IMM, INFLUENZA	7	.99
90024	EXAM, GENERAL MEDICAL	6	.85
69212	IRRIGATION, EAR	5	.72
86580	SKIN TEST, TB, INTRADERMAL (ADMIN)	5	.72
90012	HISTORY/EXAM INITIAL OB	5	.72
90707	IMM, MMR (LIVE)	5	.72
95640	INHALATION THERAPY	5	.72
00099	ANESTHESIA (INTRAVENOUS/LOCAL REGIONAL)	4	.57
36810	ARTERIAL/VENOUS CANNULATION	4	.57
87215	WET MOUNT (FOR OVA, PARASITES, BACTERIA FUNGI) AND KOH	4	.57
TOTALS		702	99.99

APPENDIX E-6

SAMPLE REPORT

UCA: BGYA-FAMILY PRACTICE (MTF) SECONDARY PROVIDER PROCEDURE REPORT

FROM 01 JAN 86 TO 31 DEC 86

PROVIDER ID: H7133

PROCEDURE CODE	PROCEDURE DESCRIPTION	PROCEDURE COUNT	PERCENT
59420	ANTEPARTUM CARE, ROUTINE	5	20.83
90024	EXAM, GENERAL MEDICAL	3	12.50
36415	VENIPUNCTURE, ROUTINE	1	4.17
36600	ARTERIAL PUNCTURE	1	4.17
36810	ARTERIAL/VENOUS CANNULATION	1	4.17
69212	IRRIGATION, EAR	1	4.17
86582	TB TEST (READ)	1	4.17
87060	CULTURE, THROAT	1	4.17
87070	CULTURE, BACTERIAL, ANY SOURCE	1	4.17
87215	WET MOUNT (FOR OVA, PARASITES, BACTERIA FUNGI) AND KOH	1	4.17
90009	EXAM, COMPLAINT SPECIFIC MED.	1	4.17
90016	EXAM, EYE, LIMITED	1	4.17
90026	EXAM, PHYSICAL, PARTIAL, OB-GYN	1	4.17
90782	INJECTIONS, IM/SUBCUT	1	4.17
92005	IRRIGATION, EYE	1	4.17
95640	INHALATION THERAPY	1	4.17
99155	COUNSELING	1	4.17
99157	NURSE-PATIENT COUNSELING	1	4.17
TOTALS FOR H7133		24	100.00

APPENDIX E-7

SAMPLE REPORT

NUMBER OF VISITS FOR H7133 IN ALL CLINICS

PROVIDER ID: H7133

FROM 01 JAN 86 TO 31 DEC 86

CLINIC	CLINIC NAME	VISIT COUNT
BFEA	SOCIAL WORK SERVICES	1
BGYA	FAMILY PRACTICE (MTF)	1,523
BGYN	FAMILY PRACTICE (TMC)	2
BIYA	EMERGENCY ROOM	35
TOTAL		1,561

REVISED CLINICAL SPECIALTY FORMS

APPENDIX F

APPENDIX F
REVISED ENCOUNTER FORMS (Effective 1 May 1988)

Adolescent Patient
Allergy Patient
Audiology/Speech Patient
BAS/TMC Patient
Cardiology Patient
Cardiothoracic Patient
Dermatology Patient
EKG Form
Endocrine Patient
ENT Patient
Emergency Room Patient
Family Practice Patient
Gastroenterology Patient
General Surgery Patient
Group Form I
Group Form II
GYN Patient
Immunization Short Form
Infectious Disease Patient
Internal Medicine Patient
Nephrology/Dialysis Patient
Neurology Patient
Neurosurgery Patient
Nutrition Care Patient
OB Patient
Occupational Health Patient
Occupational Therapy Patient
OT Repeat Visit
Oncology/Hematology Patient
Ophthalmology Patient
Optometry Patient
Ortho Appliance/Cast Patient
Orthopedics Patient
Pain/Physical Medicine Patient
Pediatric Patient
Physical Therapy Patient
PT Repeat Visit
Plastic Surgery Patient
Podiatry Patient
Preventive Medicine/CHN Patient
Primary Care Patient
Psychiatry Patient
Psychology Patient
Pulmonary Patient
Repeat Procedure Form
Rheumatology Patient
Short Form
Social Work Client
Social Work Short Form
Urology Patient

ADOLESCENT PATIENT (BD3A)

OTHER UCA	
<input type="radio"/> BOAA	<input type="radio"/> BGYA
<input type="radio"/> BGYN	<input type="radio"/> BAAA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill circle completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
Other (1 2 3)

VISIT COUNT
0
2
3
4
5
6
7
8
9

UCA CODE (if not above)
A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

INPATIENT OR REFERRAL CODE
A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

PATIENT DATA	
TODAY'S DATE	FMP
DAY MONTH	
0 0 Jan	0 0
1 1 Feb	1 1
2 2 Mar	2 2
3 3 Apr	3 3
4 4 May	4 4
5 5 Jun	5 5
6 6 Jul	6 6
7 7 Aug	7 7
8 8 Sep	8 8
9 9 Oct	9 9
0 0 Nov	0 0
1 1 Dec	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9 9	9 9

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
0 0 0 0	2 minutes	0 0 0 0
A N 1 1 1 1	5 minutes	A N 1 1 1 1
B O 2 2 2 2	10 minutes	B O 2 2 2 2
C P 3 3 3 3	15 minutes	C P 3 3 3 3
D Q 4 4 4 4	20 minutes	D Q 4 4 4 4
E R 5 5 5 5	30 minutes	E R 5 5 5 5
F S 6 6 6 6	45 minutes	F S 6 6 6 6
G T 7 7 7 7	1 hour	G T 7 7 7 7
H U 8 8 8 8	1 1/2 hours	H U 8 8 8 8
I V 9 9 9 9	2 hours	I V 9 9 9 9
J W	2 1/2 hours	J W
K X	3 hours	K X
L Y	3 1/2 hours	L Y
M Z	4 hours	M Z
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON FOR #2 CARE PROVIDER
<input type="radio"/> Teaching/Supervision
<input type="radio"/> Consultation
<input type="radio"/> Procedure/Treatment
Other 1 2 3

NOT AVAILABLE
<input type="radio"/> Medical record
<input type="radio"/> Lab results
<input type="radio"/> X-Rays

SPECIFIC PREASSIGNED CLINIC CODES
1
2
3
4
5
6
7
8
9

DO NOT MARK IN THIS AREA	5043
--------------------------	------

ALLERGY PATIENT (BABA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

IF NOT SCHEDULED
APPOINTMENT
STATUS
☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

☐ Ward

☐ Telephone

☐ Home

Other ☐ (1) ☐ (2) ☐ (3)

VISIT COUNT

0
1
2
3
4
5
6
7
8
9

UCA CODE (if not above)			
U	A	A	A
U	B	B	B
U	C	C	C
U	D	D	D
U	E	E	E
U	F	F	F
U	G	G	G
U	H	H	H
U	I	I	I
U	J	J	J
U	K	K	K
	L	L	L
	M	M	M
	N	N	N
	O	O	O
	P	P	P
	Q	Q	Q
	R	R	R
	S	S	S
	T	T	T
	U	U	U
	V	V	V
	W	W	W
	X	X	X
	Y	Y	Y
	Z	Z	Z

INPATIENT OR REFERRAL CODE			
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

PATIENT DATA

TODAY'S DATE		DAY	MONTH
			<input type="radio"/> Jan
			<input type="radio"/> Feb
①	①		<input type="radio"/> Mar
①	①		<input type="radio"/> Apr
②	②		<input type="radio"/> May
③	③		<input type="radio"/> Jun
	④		<input type="radio"/> Jul
	⑤		<input type="radio"/> Aug
	⑥		<input type="radio"/> Sep
	⑦		<input type="radio"/> Oct
	⑧		<input type="radio"/> Nov
	⑨		<input type="radio"/> Dec

FMP	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

SPONSOR'S SSN							
(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

PROVIDER

# 1 CARE PROVIDER	# 1	TIME SPENT WITH PATIENT	# 2	# 2 CARE PROVIDER
	<input type="radio"/>	2 minutes	<input type="radio"/>	
	<input type="radio"/>	5 minutes	<input type="radio"/>	
	<input type="radio"/>	10 minutes	<input type="radio"/>	
(A) (B) (C) (D)	<input type="radio"/>	15 minutes	<input type="radio"/>	(A) (B) (C) (D)
(E) (F) (G) (H)	<input type="radio"/>	20 minutes	<input type="radio"/>	(E) (F) (G) (H)
(I) (J) (K) (L)	<input type="radio"/>	30 minutes	<input type="radio"/>	(I) (J) (K) (L)
(M) (N) (O) (P)	<input type="radio"/>	45 minutes	<input type="radio"/>	(M) (N) (O) (P)
(Q) (R) (S) (T)	<input type="radio"/>	1 hour	<input type="radio"/>	(Q) (R) (S) (T)
(U) (V) (W) (X)	<input type="radio"/>	1½ hours	<input type="radio"/>	(U) (V) (W) (X)
(Y) (Z)	<input type="radio"/>	2 hours	<input type="radio"/>	(Y) (Z)
	<input type="radio"/>	2½ hours	<input type="radio"/>	
	<input type="radio"/>	3 hours	<input type="radio"/>	
	<input type="radio"/>	3½ hours	<input type="radio"/>	
	<input type="radio"/>	4 hours	<input type="radio"/>	
	<input type="radio"/>	4½ hours	<input type="radio"/>	
	<input type="radio"/>	5 hours	<input type="radio"/>	
	<input type="radio"/>	5½ hours	<input type="radio"/>	
	<input type="radio"/>	6 hours	<input type="radio"/>	
	<input type="radio"/>	6½ hours	<input type="radio"/>	
	<input type="radio"/>	7 hours	<input type="radio"/>	
	<input type="radio"/>	7½ hours	<input type="radio"/>	
	<input type="radio"/>	8 hours	<input type="radio"/>	

JOB REL ILL/INJ
(not LOD det)
Yes

MILITARY ONLY

☐ DUTY
QUARTERS:

☐ 24 hours

☐ 48 hours

☐ 72 hours

PROFILE:

☐ 1-3 days

☐ 4-7 days

☐ 8-14 days

☐ > 14 days

☐ LIMITED DUTY

**SPECIFIC
PREASSIGNED
CLINIC
CODES**

①
②
③
④
⑤
⑥
⑦
⑧
⑨

NOT AVAILABLE

☐ Medical record

☐ Lab results

☐ X-Rays

REASON FOR #2 CARE PROVIDER

☐ Teaching/Supervision

☐ Consultation

☐ Procedure/Treatment

Other ☐ 1 ☐ 2 ☐ 3

[illegible]

DO NOT MARK IN THIS AREA

00481

AUDIOLOGY/SPEECH PATIENT (BHDA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



OTHER UCA

BHEA

IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
Other 1 2 3

VISIT COUNT

0
2
3
4
5
6
7
8
9

UCA CODE (if not above)

B A A A
B B B
D C C C
D D D D
F E E E
F F F F
G G G G
H H H H
S I I I
J J J J
K K K K
L L L L
M M M M
N N N N
O O O O
P P P P
Q Q Q Q
R R R R
S S S S
T T T T
U U U U
V V V V
W W W W
X X X X
Y Y Y Y
Z Z Z Z

INPATIENT OR REFERRAL CODE

A A A A
B B B B
C C C C
D D D D
E E E E
F F F F
G G G G
H H H H
I I I I
J J J J
K K K K
L L L L
M M M M
N N N N
O O O O
P P P P
Q Q Q Q
R R R R
S S S S
T T T T
U U U U
V V V V
W W W W
X X X X
Y Y Y Y
Z Z Z Z

TODAY'S DATE

DAY	MONTH
0 0	Jan
1 1	Feb
2 2	Mar
3 3	Apr
4 4	May
5 5	Jun
6 6	Jul
7 7	Aug
8 8	Sep
9 9	Oct
0 0	Nov
1 1	Dec

FMP

0 0	1 1	2 2	3 3	4 4	5 5	6 6	7 7	8 8	9 9
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

SPONSOR'S SSN

0 0 0 0	1 1 1 1	2 2 2 2	3 3 3 3	4 4 4 4	5 5 5 5	6 6 6 6	7 7 7 7	8 8 8 8	9 9 9 9
---------	---------	---------	---------	---------	---------	---------	---------	---------	---------

PROVIDER

#1 CARE PROVIDER

A	N	1	1	1	1
B	O	2	2	2	2
C	P	3	3	3	3
D	Q	4	4	4	4
E	R	5	5	5	5
F	S	6	6	6	6
G	T	7	7	7	7
H	U	8	8	8	8
I	V	9	9	9	9
J	W				
K	X				
L	Y				
M	Z				

TIME SPENT WITH PATIENT

- 2 minutes
5 minutes
10 minutes
15 minutes
20 minutes
30 minutes
45 minutes
1 hour
1 1/2 hours
2 hours
2 1/2 hours
3 hours
3 1/2 hours
4 hours
4 1/2 hours
5 hours
5 1/2 hours
6 hours
6 1/2 hours
7 hours
7 1/2 hours
8 hours

#2 CARE PROVIDER

A	N	1	1	1	1
B	O	2	2	2	2
C	P	3	3	3	3
D	Q	4	4	4	4
E	R	5	5	5	5
F	S	6	6	6	6
G	T	7	7	7	7
H	U	8	8	8	8
I	V	9	9	9	9
J	W				
K	X				
L	Y				
M	Z				

REASON FOR #2 CARE PROVIDER

- ☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
Other 1 2 3

JOB REFERENCE (not LODder)

Yes

MILITARY ONLY

DUTY QUARTERS:

- ☐ 24 hours
☐ 48 hours
☐ 72 hours

PROFILE:

- ☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1
2
3
4
5
6
7
8
9

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays



DO NOT MARK IN THIS AREA

21132

Field

DAY		MONTH
		<input type="radio"/> Jan
		<input type="radio"/> Feb
①	①	<input type="radio"/> Mar
①	②	<input type="radio"/> Apr
②	①	<input type="radio"/> May
③	③	<input type="radio"/> Jun
	④	<input type="radio"/> Jul
	⑤	<input type="radio"/> Aug
	⑥	<input type="radio"/> Sep
	⑦	<input type="radio"/> Oct
	⑧	<input type="radio"/> Nov
	⑨	<input type="radio"/> Dec

SOCIAL SECURITY NUMBER

			-		-			
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

IF NOT SICK CALL

☐ Walk-in

☐ Scheduled

☐ Emergency

NOT AVAILABLE

☐ Med Record

☐ Lab Results

☐ X-Rays

INJURIES

☐ PT injury

☐ Unit sport

☐ MOS/duty

☐ Field duty

☐ Motor vehicle accident

☐ Airborne Ex

JOB RELATED ILL/INJ
(Not LOD Det)

DISPOSITION

☐ TMC

☐ DUTY

QUARTERS:

☐ 24 hours

☐ 48 hours

☐ 72 hours

PROFILE:

☐ 1-3 days

☐ 4-7 days

☐ 8-14 days

☐ > 14 days

☐ LIMITED DUTY

☐ SELF CARE

PROTOCOL

P R E A S S I G N E D C O D E S

#1 CARE PROVIDER										TIME SPENT WITH PATIENT ¹										#2 CARE PROVIDER									
										<input type="radio"/> 2 min. <input type="radio"/> <input type="radio"/> 5 min. <input type="radio"/> <input type="radio"/> 10 min. <input type="radio"/> <input type="radio"/> 15 min. <input type="radio"/> <input type="radio"/> 20 min. <input type="radio"/> <input type="radio"/> 30 min. <input type="radio"/> <input type="radio"/> 45 min. <input type="radio"/> <input type="radio"/> 1 hr. <input type="radio"/> <input type="radio"/> > 1 hr. <input type="radio"/>																			
										REASON FOR #2 CARE PROVIDER																			
										<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment Other <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>																			

PROCEDURES										
PROVIDER #2 <input type="radio"/>						PROVIDER #2 <input type="radio"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1)	(1)	(1)	(1)	(1)		(1)	(1)	(1)	(1)	(1)
(1)	(1)	(1)	(1)	(1)		(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)		(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)		(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)		(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)		(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)		(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)		(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)		(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)		(9)	(9)	(9)	(9)	(9)

UCA DATA					
TMC					
B					
●	H	A	A	C	C
	J	N	N	D	D
				E	E
				F	F
				G	G
				H	H
				I	I
				J	J
				K	K
				L	L
				M	M
				N	N
				O	O
				P	P
				Q	Q
				R	R
				S	S
				T	T
				U	U
				V	V
				W	W
				X	X
				Y	Y
				Z	Z

DO NOT MARK IN THIS AREA

DO NOT MARK IN THIS AREA

119474

UNLISTED REASON FOR VISIT (if not listed in columns above)										
PRIMARY					SECONDARY					
V	(0)	(0)	(0)	(0)	V	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
\$	(2)	(2)	(2)	(2)	\$	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

OTHER UCA

- **DO NOT** use ink or ballpoint pen.
- **Make each mark heavy and black.**
- **Fill ovals completely.**
- **Erase cleanly any mark you wish to change.**
- **Make no stray marks.**

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED
APPOINTMENT
STATUS
☐ Unscheduled
☐ Emergency

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
☐ Other

**VISIT
COUNT**

UCA CODE
(if not above)

INPATIENT OR
REFERRAL CODE

# 1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
	<input type="radio"/>	2 minutes	<input type="radio"/>	
	<input type="radio"/>	5 minutes	<input type="radio"/>	
	<input type="radio"/>	10 minutes	<input type="radio"/>	
	<input type="radio"/>	15 minutes	<input type="radio"/>	
	<input type="radio"/>	20 minutes	<input type="radio"/>	
	<input type="radio"/>	30 minutes	<input type="radio"/>	
	<input type="radio"/>	45 minutes	<input type="radio"/>	
	<input type="radio"/>	1 hour	<input type="radio"/>	
	<input type="radio"/>	1½ hours	<input type="radio"/>	
	<input type="radio"/>	2 hours	<input type="radio"/>	
	<input type="radio"/>	2½ hours	<input type="radio"/>	
	<input type="radio"/>	3 hours	<input type="radio"/>	
	<input type="radio"/>	3½ hours	<input type="radio"/>	
	<input type="radio"/>	4 hours	<input type="radio"/>	
	<input type="radio"/>	4½ hours	<input type="radio"/>	
	<input type="radio"/>	5 hours	<input type="radio"/>	
	<input type="radio"/>	5½ hours	<input type="radio"/>	
	<input type="radio"/>	6 hours	<input type="radio"/>	
	<input type="radio"/>	6½ hours	<input type="radio"/>	
	<input type="radio"/>	7 hours	<input type="radio"/>	
	<input type="radio"/>	7½ hours	<input type="radio"/>	
	<input type="radio"/>	8 hours	<input type="radio"/>	

☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
 Other ☐ ① ☐ ② ☐ ③

Yes

MILITARY ONLY

- ☐ DUTY
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

**SPECIFIC
PREASSIGNED
CLINIC
CODES**

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays

[illegible]

DO NOT MARK IN THIS AREA

11190

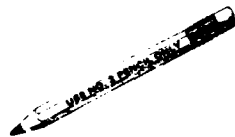
EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES			
PROVIDER 1 #1 #2	PROVIDER 1 #1 #2	PROVIDER 1 #1 #2	PROVIDER 2 Yes	PROVIDER 2 Yes	PROVIDER 2 Yes		
ECG <input type="checkbox"/> 93000 ECG W/INTERPRETATION <input type="checkbox"/> 93010 ECG INTERPRETATION ONLY <input type="checkbox"/> 93201 PHONOCARDIOGRAM <input type="checkbox"/> 93205 PHONOCARDIOGRAM W/GRAPHICS <input type="checkbox"/> 93208 PHONOCARDIOGRAM, INTERP ONLY <input type="checkbox"/> 93012 RHYTHM STRIP ANALYSIS <input type="checkbox"/> 93220 VECTORCARDIOGRAM <input type="checkbox"/> 93222 VECTOR, INTERPRETATION ONLY			MISCELLANEOUS <input type="checkbox"/> 93280 CARDIAC FLUOROSCOPY <input type="checkbox"/> 93782 PACEMAKER, TELEPHONIC ANALYSIS <input type="checkbox"/> 90002 REMOVAL OF SUTURES <input type="checkbox"/> 90805 CONSULTATION				
ECG <input type="checkbox"/> 93018 BICYCLE <input type="checkbox"/> 93018 INTERPRETATION ONLY <input type="checkbox"/> 93015 TREADMILL <input type="checkbox"/> 78419 W/THALLIUM <input type="checkbox"/> 93277 INTERPRETATION ONLY <input type="checkbox"/> 93274 RECORDING, INTERP & REPORT			<input type="checkbox"/> 93320 DOPPLER ECHOCARDIOGRAPHY <input type="checkbox"/> 93301 ECHOCARDIOGRAPHY W/INTERVENTION <input type="checkbox"/> 93321 INTERPRETATION ONLY <input type="checkbox"/> 93300 M-MODE, COMPLETE <input type="checkbox"/> 93206 PHONOCARDIOGRAPHY/PULSE TRACING <input type="checkbox"/> 93307 2-D ECHOCARDIOGRAPHY				
MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)							
1° is Follow-up 1° is Rule-out		1° 2°		1° 2°			
PERIPHERAL VASCULAR DISEASE <input type="checkbox"/> 4414 ABDOMINAL <input type="checkbox"/> 4419 AORTIC, UNSPEC <input type="checkbox"/> 4412 THORACIC ATHEROSCLEROTIC HEART DISEASE <input type="checkbox"/> 410 ACUTE MI <input type="checkbox"/> 4140 ANGINA, STABLE <input type="checkbox"/> 41409 ANGINA, UNSTABLE <input type="checkbox"/> 41410 LV ANEURYSM <input type="checkbox"/> 41407 LV FUNCTION, ABNORMAL (EF<50%) <input type="checkbox"/> 41408 LV FUNCTION, NORMAL (EF>50%) <input type="checkbox"/> 41401 POST CABG <input type="checkbox"/> 4110 POST MI <input type="checkbox"/> 41408 POST PTCA CARDIOMYOPATHY <input type="checkbox"/> 4256 DILATED <input type="checkbox"/> 4253 ENDOCARDIAL FIBROELASTOSIS <input type="checkbox"/> 4251 HYPERTROPHIC (IHSS) <input type="checkbox"/> 4252 RESTRICTIVE (LVH) CONGENITAL ANOMALIES <input type="checkbox"/> 74741 ANOMALOUS PUL DRAINAGE APTESIA <input type="checkbox"/> 74724 AORTIC <input type="checkbox"/> 74688 MITRAL <input type="checkbox"/> 74601 PULMONIC <input type="checkbox"/> 74611 TRICUSPID <input type="checkbox"/> 7464 BICUSPID AORTIC VALVE <input type="checkbox"/> 7471 COARCTATION OF AORTA <input type="checkbox"/> 7469 CONGENITAL HEART DIS, UNSPEC <input type="checkbox"/> 74685 CORONARY ARTERY ANOMALY <input type="checkbox"/> 74687 DEXTROCARDIA <input type="checkbox"/> 74511 DOUBLE OUTLET, RIGHT VENTRICLE <input type="checkbox"/> 7462 EBSTEIN'S ANOMALY <input type="checkbox"/> 74541 EISENMENGER'S SYNDROME <input type="checkbox"/> 7456 ENDOCARDIAL CUSHION DEFECT <input type="checkbox"/> 74711 INTERRUPTED ARCH <input type="checkbox"/> 7470 PATENT DUCTUS ARTERIOSUS <input type="checkbox"/> 74531 SINGLE VENTRICLE SEPTAL DEFECT <input type="checkbox"/> 7455 ATRIAL (OSTIUM SECUNDUM) <input type="checkbox"/> 7454 VENTRICULAR <input type="checkbox"/> 7452 TETRALOGY OF FALLOT <input type="checkbox"/> 74510 TRANSPOSITION, GREAT VESSELS <input type="checkbox"/> 74501 TRUNCUS ARTERIOSUS CONGESTIVE HEART FAILURE <input type="checkbox"/> 78551 CARDIOGENIC SHOCK <input type="checkbox"/> 42891 IDIOPATHIC <input type="checkbox"/> 42801 2° TO ASHD <input type="checkbox"/> 42802 2° TO ENDOCARDITIS <input type="checkbox"/> 4281 2° TO VHD		<input type="checkbox"/> 4260 COMPLETE HEART BLOCK 3° <input type="checkbox"/> 42620 LEFT ANTERIOR FASCICULAR BLOCK <input type="checkbox"/> 4263 LEFT BUNDLE BRANCH BLOCK <input type="checkbox"/> 42621 LEFT POSTERIOR FASCICULAR BLOCK <input type="checkbox"/> 42614 MORITZ I (DEFECT) <input type="checkbox"/> 42612 MORITZ II (DEFECT) PREEXCITATION SYNDROME <input type="checkbox"/> 42681 LGL (LAWN-GANDONG-LEVINE) <input type="checkbox"/> 4267 WPW (WOLFF-PARKINSON-WHITE) <input type="checkbox"/> 42690 PROLONGED QT <input type="checkbox"/> 4264 RIGHT BUNDLE BRANCH BLOCK <input type="checkbox"/> 42611 1° AV BLOCK HYPERTENSION SYSTEMIC <input type="checkbox"/> 401 ESSENTIAL <input type="checkbox"/> 4010 MALIGNANT/ACCELERATED <input type="checkbox"/> 4059 SECONDARY <input type="checkbox"/> 402 W/CARDIOVASCULAR DISEASE <input type="checkbox"/> 403 W/RENAL DYSFUNCTION HYPERTENSION-PULMONARY <input type="checkbox"/> 4169 COR PULMONALE <input type="checkbox"/> 4160 PRIMARY <input type="checkbox"/> 4168 SECONDARY <input type="checkbox"/> 4162 1° RV DYSFUNCTION HYPOTENSION <input type="checkbox"/> 4589 ACUTE <input type="checkbox"/> 4581 CHRONIC <input type="checkbox"/> 4580 AUTONOMIC (ORTHOSTATIC) MYOCARDITIS <input type="checkbox"/> 4229 ACUTE <input type="checkbox"/> 4290 CHRONIC <input type="checkbox"/> 42294 VIRAL PACEMAKER <input type="checkbox"/> V5332 DUAL CHAMBER <input type="checkbox"/> 99601 MALFUNCTION <input type="checkbox"/> V533 NORMAL FUNCTION <input type="checkbox"/> V5331 SINGLE CHAMBER PERICARDITIS <input type="checkbox"/> 42080 ACUTE <input type="checkbox"/> 4238 CHRONIC <input type="checkbox"/> 4232 CONSTRICTIVE <input type="checkbox"/> 4239 PERICARDIAL EFFUSION		<input type="checkbox"/> 436 CEREBROVASCULAR ACCIDENT <input type="checkbox"/> 44391 CLAUDICATION, INTERMITTENT <input type="checkbox"/> 4511 PHLEBITIS, DEEP VEIN <input type="checkbox"/> 4430 RAYNAUD'S SYNDROME <input type="checkbox"/> 4039 RENOVASCULAR DISEASE, UNSPEC <input type="checkbox"/> 4359 TRANSIENT CEREBRAL ISCHEMIC EVENT <input type="checkbox"/> 4592 VENA CAVA OBSTRUCTION RHYTHM DISTURBANCE <input type="checkbox"/> 42731 ATRIAL FIBRILLATION <input type="checkbox"/> 42732 ATRIAL FLUTTER <input type="checkbox"/> 42689 ATRIOVENTRIC DISSOCIATION <input type="checkbox"/> 4270 PAROXYSMAL ATRIAL TACHYCARDIA <input type="checkbox"/> 42781 SICK SINUS SYNDROME <input type="checkbox"/> 42769 VENTRICULAR ECTOPY <input type="checkbox"/> 42741 VENTRICULAR FIBRILLATION <input type="checkbox"/> 4271 VENTRICULAR TACHYCARDIA <input type="checkbox"/> 42789 OTHER UNSPECIFIED VALVULAR DISORDERS AORTIC VALVE DISEASE <input type="checkbox"/> 42411 AORTIC REGURGITATION <input type="checkbox"/> 4400 AORTIC SCLEROSIS <input type="checkbox"/> 42415 AORTIC STENOSIS <input type="checkbox"/> 42412 NON-RHEUMATIC <input type="checkbox"/> 3959 RHEUMATIC <input type="checkbox"/> 74722 SUPRAVALVULAR AORTIC STENOSIS ENDOCARDITIS <input type="checkbox"/> 42414 AORTIC VALVE <input type="checkbox"/> 3949 MITRAL VALVE <input type="checkbox"/> 42432 PULMONARY VALVE <input type="checkbox"/> 3970 TRICUSPID VALVE <input type="checkbox"/> 42491 OTHER SITE MITRAL VALVE DISEASE <input type="checkbox"/> 42403 MITRAL VALVE PROLAPSE <input type="checkbox"/> 42401 MITRAL ANNULAR CALCIFICATION <input type="checkbox"/> 3940 MITRAL STENOSIS <input type="checkbox"/> 42402 MITRAL REGURGITATION <input type="checkbox"/> 4240 NON-RHEUMATIC <input type="checkbox"/> 3941 RHEUMATIC		PROSTHETIC VALVE <input type="checkbox"/> 99804 AORTIC, MALFUNCTION <input type="checkbox"/> 99805 MITRAL, MALFUNCTION <input type="checkbox"/> 99806 PULMONIC, MALFUNCTION <input type="checkbox"/> 99807 TRICUSPID, MALFUNCTION PULMONIC VALVE DISEASE <input type="checkbox"/> 4243 NON-RHEUMATIC <input type="checkbox"/> 42431 PULMONIC STENOSIS <input type="checkbox"/> 3971 RHEUMATIC <input type="checkbox"/> 42433 1° PULMONIC REGURGITATION <input type="checkbox"/> 42434 2° PULMONIC REGURGITATION TRICUSPID VALVE DISEASE <input type="checkbox"/> 42421 NON-RHEUMATIC <input type="checkbox"/> 39701 RHEUMATIC <input type="checkbox"/> 4242 TRICUSPID STENOSIS <input type="checkbox"/> 42422 1° TRICUSPID REGURGITATION <input type="checkbox"/> 42423 2° TRICUSPID REGURGITATION MISCELLANEOUS <input type="checkbox"/> 30500 ALCOHOLISM <input type="checkbox"/> V0781 ANTICOAGULATE RX <input type="checkbox"/> 41402 ARTERITIS, CORONARY <input type="checkbox"/> 2127 CARDIAC TUMOR, MYXOMA <input type="checkbox"/> 7865 CHEST PAIN SYNDROME <input type="checkbox"/> 41391 CORONARY ARTERY SPASM <input type="checkbox"/> 4443 EMBOLISM, ARTERIAL/SYSTEMIC <input type="checkbox"/> 4151 EMBOLISM, PULMONARY <input type="checkbox"/> 41419 FISTULA, A-V, ACQUIRED <input type="checkbox"/> 4571 LYMPHEDEMA <input type="checkbox"/> 2780 OBESITY <input type="checkbox"/> 454 VARICOSE VEINS, LOWER EXT POST OP VAS SURGERY <input type="checkbox"/> V5884 AORTA-ILIAC <input type="checkbox"/> V5885 CAROTID <input type="checkbox"/> V5886 FEMORAL-POPLITEAL <input type="checkbox"/> V6554 WORRIED/CONCERNED WELL	
UNLISTED REASON FOR VISIT (if not listed in columns above)							
PRIMARY		SECONDARY					
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9					

CARDIOTHORACIC PATIENT (BBBA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
Other 1 2 3

UCA CODE (if not above)

B	A	A	A
D	C	C	C
F	E	E	E
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

INPATIENT OR REFERRAL CODE

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

VISIT COUNT

0
2
3
4
5
6
7
8
9

PATIENT DATA

TODAY'S DATE	
DAY	MONTH
0 0	Jan
1 1	Feb
2 2	Mar
3 3	Apr
4 4	May
5 5	Jun
6 6	Jul
7 7	Aug
8 8	Sep
9 9	Oct
	Nov
	Dec

FMP	
0 0	
1 1	
2 2	
3 3	
4 4	
5 5	
6 6	
7 7	
8 8	
9 9	

SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
0 0 0 0	2 minutes	0 0 0 0
A N 1 1 1 1	5 minutes	A N 1 1 1 1
B O 2 2 2 2	10 minutes	B O 2 2 2 2
C P 3 3 3 3	15 minutes	C P 3 3 3 3
D Q 4 4 4 4	20 minutes	D Q 4 4 4 4
E R 5 5 5 5	30 minutes	E R 5 5 5 5
F S 6 6 6 6	45 minutes	F S 6 6 6 6
G T 7 7 7 7	1 hour	G T 7 7 7 7
H U 8 8 8 8	1 1/2 hours	H U 8 8 8 8
I V 9 9 9 9	2 hours	I V 9 9 9 9
J W	2 1/2 hours	J W
K X	3 hours	K X
L Y	3 1/2 hours	L Y
M Z	4 hours	M Z
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

JOB REMILZING
(not LDD/acc)
Yes

MILITARY ONLY

DUTY

QUARTERS:

- ☐ 24 hours
☐ 48 hours
☐ 72 hours

PROFILE:

- ☐ 1-3 days
☐ 4-7 d.ys
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1
2
3
4
5
6
7
8
9

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays

REASON FOR #2 CARE PROVIDER

- ☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
Other 1 2 3

DO NOT MARK IN THIS AREA

0491

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

- ☐ 93870 ARTERIAL DOPPLER STUDY
☐ 38500 BIOP/EXC LYMPH NODE/SEP(UNSP)
☐ 84422 BLOCK, LOCAL CAR PAIN
☐ 02532 HISTORY
☐ 90024 PHYSICAL EXAM
☐ 89027 POSTOPERATIVE EXAM
☐ 90002 SUTURE REMOVAL
☐ 32000 THORACENTESIS (INI/SUBSEQ)
☐ 32020 THORACOSTOMY TUBE W/WATER SEAL
☒ 38415 VENIPUNCTURE
☐ 07200 WIRE REMOVAL
☐ 12008 WOUND CARE, LOCAL
☐ 11043 WOUND DEBRIDEMENT
☐ 07201 OTHER
☐ 80605 CONSULTATION

ADDITIONAL PROCEDURES									
PROVIDER 2					PROVIDER 2				
Yes					Yes				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1*	2*	1*	2*	1*	2*	1*	2*	
ANEURYSM		PERICARDIUM		WOUND		MISCELLANEOUS		
<input type="checkbox"/> 44190 DESCENDING	<input type="checkbox"/> 44120 ASCENDING	<input type="checkbox"/> 44121 ARCH	<input type="checkbox"/> 44122 THORACIC/ABDOMINAL DISSECTION	<input type="checkbox"/> 44101 ASCENDING	<input type="checkbox"/> 44102 DESCENDING, ACUTE	<input type="checkbox"/> 44103 DESCENDING, CHRONIC	<input type="checkbox"/> 44290 FALSE ANEURYSM (POSTOPERATIVE)	
<input type="checkbox"/> 9010 RUPTURE, TRAUMATIC	<input type="checkbox"/> 174723 VASCULAR RING/SLING	<input type="checkbox"/> 16298 ADENO	<input type="checkbox"/> 16221 BRONCH ALVEOLAR	<input type="checkbox"/> 16292 CARCINOID	<input type="checkbox"/> 16294 LARGE CELL	<input type="checkbox"/> 1970 METASTATIC	<input type="checkbox"/> 16295 SMALL CELL	
<input type="checkbox"/> 16293 SQUAMOUS	<input type="checkbox"/> 1620 TRACHEAL	<input type="checkbox"/> 16280 OTHER	<input type="checkbox"/> 4232 CONSTRICTION	<input type="checkbox"/> 42092 EFFUSION, ACUTE	<input type="checkbox"/> 42391 EFFUSION, CHRONIC	<input type="checkbox"/> 45588 POST RESECTION	<input type="checkbox"/> 99832 DEHISCENCE, CHEST	
<input type="checkbox"/> 99831 DEHISCENCE, LEG	<input type="checkbox"/> 99833 DEHISCENCE, STERNAL	<input type="checkbox"/> 68691 INFECTION, CHEST WALL	<input type="checkbox"/> 68690 INFECTION, LEG/GROIN	<input type="checkbox"/> 68692 INFECTION, STERNUM	<input type="checkbox"/> 78654 PAIN, INTERCOSTAL	<input type="checkbox"/> 78092 PAIN, OTHER CHRONIC	<input type="checkbox"/> 45991 CAROTID VASCULAR DISEASE	
<input type="checkbox"/> 4251 IHSS	<input type="checkbox"/> 2127 MYXOMA, CARDIAC	<input type="checkbox"/> 23985 TUMOR, CARDIAC	<input type="checkbox"/> 86100 CARDIAC	<input type="checkbox"/> 8691 NON CARDIAC				
PERICARDIUM		WOUND		MISCELLANEOUS		TRAUMA		
<input type="checkbox"/> 4232 CONSTRICTION	<input type="checkbox"/> 42092 EFFUSION, ACUTE	<input type="checkbox"/> 42391 EFFUSION, CHRONIC	<input type="checkbox"/> 45588 POST RESECTION	<input type="checkbox"/> 99832 DEHISCENCE, CHEST	<input type="checkbox"/> 99831 DEHISCENCE, LEG	<input type="checkbox"/> 99833 DEHISCENCE, STERNAL	<input type="checkbox"/> 68691 INFECTION, CHEST WALL	
<input type="checkbox"/> 68690 INFECTION, LEG/GROIN	<input type="checkbox"/> 68692 INFECTION, STERNUM	<input type="checkbox"/> 78654 PAIN, INTERCOSTAL	<input type="checkbox"/> 78092 PAIN, OTHER CHRONIC	<input type="checkbox"/> 45991 CAROTID VASCULAR DISEASE	<input type="checkbox"/> 4251 IHSS	<input type="checkbox"/> 2127 MYXOMA, CARDIAC	<input type="checkbox"/> 23985 TUMOR, CARDIAC	
<input type="checkbox"/> 86100 CARDIAC	<input type="checkbox"/> 8691 NON CARDIAC							
PERICARDIUM		WOUND		MISCELLANEOUS		TRAUMA		
<input type="checkbox"/> 4232 CONSTRICTION	<input type="checkbox"/> 42092 EFFUSION, ACUTE	<input type="checkbox"/> 42391 EFFUSION, CHRONIC	<input type="checkbox"/> 45588 POST RESECTION	<input type="checkbox"/> 99832 DEHISCENCE, CHEST	<input type="checkbox"/> 99831 DEHISCENCE, LEG	<input type="checkbox"/> 99833 DEHISCENCE, STERNAL	<input type="checkbox"/> 68691 INFECTION, CHEST WALL	
<input type="checkbox"/> 68690 INFECTION, LEG/GROIN	<input type="checkbox"/> 68692 INFECTION, STERNUM	<input type="checkbox"/> 78654 PAIN, INTERCOSTAL	<input type="checkbox"/> 78092 PAIN, OTHER CHRONIC	<input type="checkbox"/> 45991 CAROTID VASCULAR DISEASE	<input type="checkbox"/> 4251 IHSS	<input type="checkbox"/> 2127 MYXOMA, CARDIAC	<input type="checkbox"/> 23985 TUMOR, CARDIAC	
<input type="checkbox"/> 86100 CARDIAC	<input type="checkbox"/> 8691 NON CARDIAC							

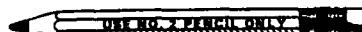
EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES			
PROVIDER 1		PROVIDER 2		PROVIDER 1		PROVIDER 2	
01-02	01-02	01-02	01-02	Yes	Yes	Yes	Yes
<input type="checkbox"/> 00788 ANTIBIOTIC, INTRAMUSCULAR	<input type="checkbox"/> 17200 DESECCATION & CURETTAGE	<input type="checkbox"/> 11422 SCALP/NECK/HANDS 1.0-2.0 CM	<input type="checkbox"/> 11422 SCALP/NECK/HANDS 1.0-2.0 CM	<input type="checkbox"/> 15820 BLEPHAROPLASTY, LOWER	<input type="checkbox"/> 15822 BLEPHAROPLASTY, UPPER	<input type="checkbox"/> 17107 CAUTHERONE	<input type="checkbox"/> 15790 CHEMICAL PEEL
<input type="checkbox"/> 11903 ANTIMETABOLITE, INTRALESIONAL	<input type="checkbox"/> 17011 MALIGNANT LESIONS	<input type="checkbox"/> 11423 SCALP/NECK/HANDS 2.0-3.0 CM	<input type="checkbox"/> 11423 SCALP/NECK/HANDS 2.0-3.0 CM	<input type="checkbox"/> 88346 IMMUNOFLOURESCENCE	<input type="checkbox"/> 88342 IMMUNOPEROXIDASE	<input type="checkbox"/> 11950 INJECT FILLING MATERIAL	<input type="checkbox"/> 95041 PATCH TEST > 10
<input type="checkbox"/> 11902 CORTICOSTEROID, INTRALESIONAL	<input type="checkbox"/> 17304 STAGE I	<input type="checkbox"/> 11401 TRUNK/EXTREMITY 0.5-1.0 CM	<input type="checkbox"/> 11401 TRUNK/EXTREMITY 0.5-1.0 CM	<input type="checkbox"/> 95040 PATCH TEST 1-10	<input type="checkbox"/> 95050 PHOTOPATCH TESTS	<input type="checkbox"/> 95056 PHOTOTEST	<input type="checkbox"/> 17108 PODOPHYLLUM
<input type="checkbox"/> 00783 CORTICOSTEROID, INTRAMUSCULAR	<input type="checkbox"/> 17306 STAGE II	<input type="checkbox"/> 11402 TRUNK/EXTREMITY 1.0-2.0 CM	<input type="checkbox"/> 11402 TRUNK/EXTREMITY 1.0-2.0 CM	<input type="checkbox"/> 17106 RHINOPHYMA	<input type="checkbox"/> 14021 SCALP REDUCTION	<input type="checkbox"/> 99197 STUDY/CLIN INVESTIGATION	<input type="checkbox"/> 29580 UNNA BOOT
<input type="checkbox"/> 11901 INTRALESIONAL, >7 LESIONS	<input type="checkbox"/> 17308 STAGE III	<input type="checkbox"/> 11403 TRUNK/EXTREMITY 2.0-3.0 CM	<input type="checkbox"/> 11403 TRUNK/EXTREMITY 2.0-3.0 CM	<input type="checkbox"/> 11053 WARTS, CLAVUS, TRIMMED	<input type="checkbox"/> ADMITTED		
<input type="checkbox"/> 11900 INTRALESIONAL, 1-7 LESIONS	<input type="checkbox"/> 17308 STAGE IV	<input type="checkbox"/> 11641 EXC LESIONS, MALIGNANT	<input type="checkbox"/> 11641 EXC LESIONS, MALIGNANT				
<input type="checkbox"/> 17341 CRYOTHERAPY > 10	<input type="checkbox"/> 17389 STAGE V	<input type="checkbox"/> 11642 FACE/LIDS/EARS/NOSE 0.5-1.0 CM	<input type="checkbox"/> 11642 FACE/LIDS/EARS/NOSE 0.5-1.0 CM				
<input type="checkbox"/> 17342 CRYOTHERAPY < 10	<input type="checkbox"/> 11042 DEBRIDE ULCER	<input type="checkbox"/> 11643 FACE/LIDS/EARS/NOSE 1.0-2.0 CM	<input type="checkbox"/> 11643 FACE/LIDS/EARS/NOSE 1.0-2.0 CM				
<input type="checkbox"/> 11998 GRENZ/SUPERF X-RAY	<input type="checkbox"/> 16781 DERMABRASION	<input type="checkbox"/> 11643 FACE/LIDS/EARS/NOSE 2.0-3.0 CM	<input type="checkbox"/> 11643 FACE/LIDS/EARS/NOSE 2.0-3.0 CM				
<input type="checkbox"/> 00812 PUVA	<input type="checkbox"/> 16782 SCALP	<input type="checkbox"/> 11821 SCALP/NECK/HANDS 0.5-1.0 CM	<input type="checkbox"/> 11821 SCALP/NECK/HANDS 0.5-1.0 CM				
<input type="checkbox"/> 00900 ULTRAVIOLET LIGHT	<input type="checkbox"/> 16786 TATTOO	<input type="checkbox"/> 11822 SCALP/NECK/HANDS 1.0-2.0 CM	<input type="checkbox"/> 11822 SCALP/NECK/HANDS 1.0-2.0 CM				
<input type="checkbox"/> 10040 ACNE SURGERY	<input type="checkbox"/> 15260 WOUND CLOSURE	<input type="checkbox"/> 11823 SCALP/NECK/HANDS 2.0-3.0 CM	<input type="checkbox"/> 11823 SCALP/NECK/HANDS 2.0-3.0 CM				
<input type="checkbox"/> 00011 DRESSING CHANGE, SIMPLE	<input type="checkbox"/> 15240 COMP, FTSG EARS/NOSE/LIDS/LIPS	<input type="checkbox"/> 11801 TRUNK/EXTREMITY 0.5-1.0 CM	<input type="checkbox"/> 11801 TRUNK/EXTREMITY 0.5-1.0 CM				
<input type="checkbox"/> 00087 DRESSING CHANGE, COMPLEX	<input type="checkbox"/> 12001 SUTURE, SUPERFICIAL WOUND	<input type="checkbox"/> 11802 TRUNK/EXTREMITY 1.0-2.0 CM	<input type="checkbox"/> 11802 TRUNK/EXTREMITY 1.0-2.0 CM				
<input type="checkbox"/> 36470 DESTRUCT/SCLEROSE VEIN	<input type="checkbox"/> 14301 FLAP	<input type="checkbox"/> 11603 TRUNK/EXTREMITY 2.0-3.0 CM	<input type="checkbox"/> 11603 TRUNK/EXTREMITY 2.0-3.0 CM				
<input type="checkbox"/> 00908 EAR PIERCING	<input type="checkbox"/> 15050 GRAFT, PINCH	<input type="checkbox"/> 11751 BIOPSY NAIL UNIT	<input type="checkbox"/> 11751 BIOPSY NAIL UNIT				
<input type="checkbox"/> 00002 SUTURE REMOVAL	<input type="checkbox"/> 17381 LASER THERAPY	<input type="checkbox"/> 11730 AVULSION NAIL PLATE	<input type="checkbox"/> 11730 AVULSION NAIL PLATE				
<input type="checkbox"/> 15775 1-15	<input type="checkbox"/> 17382 EXCISION	<input type="checkbox"/> 11750 AVULSION NAIL, DESTROY MATRIX	<input type="checkbox"/> 11750 AVULSION NAIL, DESTROY MATRIX				
<input type="checkbox"/> 15778 > 15	<input type="checkbox"/> 17383 VASCULAR	<input type="checkbox"/> 87184 DARKFIELD EXAM	<input type="checkbox"/> 87184 DARKFIELD EXAM				
<input type="checkbox"/> 15240 AUTOGRAFTS, NOT HAIR	<input type="checkbox"/> 17383 VERRUCA	<input type="checkbox"/> 87101 FUNGAL CULTURE	<input type="checkbox"/> 87101 FUNGAL CULTURE				
<input type="checkbox"/> 11100 ONE LESION	<input type="checkbox"/> 17385 OTHER	<input type="checkbox"/> 87205 GRAM STAIN	<input type="checkbox"/> 87205 GRAM STAIN				
<input type="checkbox"/> 11101 ADDTL LESION 1,2,3,4,5	<input type="checkbox"/> 11441 EXC LESIONS, BENIGN	<input type="checkbox"/> 87220 KOH PREP	<input type="checkbox"/> 87220 KOH PREP				
<input type="checkbox"/> 11104 INCISIONAL	<input type="checkbox"/> 11442 FACE/LIDS/EARS/NOSE 0.5-1.0 CM	<input type="checkbox"/> 87210 SCABIES (WET) PREP	<input type="checkbox"/> 87210 SCABIES (WET) PREP				
<input type="checkbox"/> 11102 PUNCH	<input type="checkbox"/> 11442 FACE/LIDS/EARS/NOSE 1.0-2.0 CM	<input type="checkbox"/> 87989 TZANCK STAIN	<input type="checkbox"/> 87989 TZANCK STAIN				
<input type="checkbox"/> 11103 SHAVE	<input type="checkbox"/> 11443 FACE/LIDS/EARS/NOSE 2.0-3.0 CM	<input type="checkbox"/> 10080 ABSCESS, I&D	<input type="checkbox"/> 10080 ABSCESS, I&D				
	<input type="checkbox"/> 11421 SCALP/NECK/HANDS 0.5-1.0 CM	<input type="checkbox"/> 15792 ACID TREATMENTS	<input type="checkbox"/> 15792 ACID TREATMENTS				
		<input type="checkbox"/> 88321 BIOPSY READING/CONSULT	<input type="checkbox"/> 88321 BIOPSY READING/CONSULT				
MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)							
1*	2*	1*	2*	1*	2*	1*	2*
<input type="checkbox"/> 17081 ACNE	<input type="checkbox"/> 70480 FOLLICULITIS	<input type="checkbox"/> 703 NAILS, OTHER	<input type="checkbox"/> 703 NAILS, OTHER	<input type="checkbox"/> 7101 SCLERODERMA	<input type="checkbox"/> 7069 SEBACEOUS HYPERPLASIA	<input type="checkbox"/> 17392 SQUAMOUS CELL CARCINOMA	<input type="checkbox"/> 7013 STRIAE, ATROPHIC
<input type="checkbox"/> 70810 ACNE CYST	<input type="checkbox"/> 098 GONORRHEA	<input type="checkbox"/> 7093 NECROBIOSIS LIPOIDICA (NLD)	<input type="checkbox"/> 7093 NECROBIOSIS LIPOIDICA (NLD)	<input type="checkbox"/> 69271 SUNBURN	<input type="checkbox"/> 0979 SYPHILIS, UNSPEC	<input type="checkbox"/> 70905 TATTOO	<input type="checkbox"/> 4489 TELANGIECTASIA
<input type="checkbox"/> 04291 AIDS/ARC/HIV POS	<input type="checkbox"/> 88811 GRANULOMA, NOS	<input type="checkbox"/> 23922 NEOPLASM, DERMAL	<input type="checkbox"/> 23922 NEOPLASM, DERMAL	<input type="checkbox"/> 1100 TINEA CAPITIS	<input type="checkbox"/> 1105 TINEA CORPORIS	<input type="checkbox"/> 1103 TINEA CRURIS	<input type="checkbox"/> 1104 TINEA PEDIS
<input type="checkbox"/> 21691 ACROCHORDON	<input type="checkbox"/> 69587 GRANULOMA, ANNULARE	<input type="checkbox"/> 23921 NEOPLASM, EPIDERMAL	<input type="checkbox"/> 23921 NEOPLASM, EPIDERMAL	<input type="checkbox"/> 5299 TONGUE DISEASE	<input type="checkbox"/> 7071 ULCER, LEG	<input type="checkbox"/> 7070 ULCER, DECUBITUS	<input type="checkbox"/> 5282 ULCER, ORAL
<input type="checkbox"/> 70401 ALOPECIA AREATA	<input type="checkbox"/> 75737 HAILEY-HAILEY	<input type="checkbox"/> 1982 NEOPLASM, METASTATIC, SKIN	<input type="checkbox"/> 1982 NEOPLASM, METASTATIC, SKIN	<input type="checkbox"/> 708 URTICARIA	<input type="checkbox"/> 99931 VACCINATION REACTION	<input type="checkbox"/> 052 VARICELLA	<input type="checkbox"/> 44760 VASCULITIS, CUTANEOUS
<input type="checkbox"/> 70400 ALOPECIA, NOT AA	<input type="checkbox"/> 2280 HEMANGIOMA	<input type="checkbox"/> 23923 NEOPLASM, SUBCUTANEOUS	<input type="checkbox"/> 23923 NEOPLASM, SUBCUTANEOUS	<input type="checkbox"/> 0579 VIRAL EXANTHEM	<input type="checkbox"/> 70906 VITILIGO	<input type="checkbox"/> 0781 WART	<input type="checkbox"/> 2722 XANTHOMATOSIS
<input type="checkbox"/> 2773 AMYLOIDOSIS	<input type="checkbox"/> 05410 HERPES PROGENITALIS	<input type="checkbox"/> 6918 NEURODERMATITIS, GENERALIZED	<input type="checkbox"/> 6918 NEURODERMATITIS, GENERALIZED	<input type="checkbox"/> 7068 XEROSIS			
<input type="checkbox"/> 70911 ANGIOKERATOMA	<input type="checkbox"/> 054 HERPES SIMPLEX	<input type="checkbox"/> 2159 NEUROFIBROMA	<input type="checkbox"/> 2159 NEUROFIBROMA				
<input type="checkbox"/> 17391 BASAL CELL CARCINOMA	<input type="checkbox"/> 0539 HERPES ZOSTER	<input type="checkbox"/> 2377 NEUROFIBROMATOSIS	<input type="checkbox"/> 2377 NEUROFIBROMATOSIS				
<input type="checkbox"/> 23291 BOWEN'S DISEASE	<input type="checkbox"/> 70583 HIDRADENITIS SUPPURATIVA	<input type="checkbox"/> 21695 NEVUS, DYSPLASTIC	<input type="checkbox"/> 21695 NEVUS, DYSPLASTIC				
<input type="checkbox"/> 1129 CANDIDIASIS	<input type="checkbox"/> 7808 HYPERHIDROSIS	<input type="checkbox"/> 21693 NEVUS, MELANOCYTIC	<input type="checkbox"/> 21693 NEVUS, MELANOCYTIC				
<input type="checkbox"/> 7091 CAPILLARITIS	<input type="checkbox"/> 7571 ICHTHYOSIS	<input type="checkbox"/> 75781 NEVUS (NOT NEVOCELLULAR) NOS	<input type="checkbox"/> 75781 NEVUS (NOT NEVOCELLULAR) NOS				
<input type="checkbox"/> 0390 CHANCROID	<input type="checkbox"/> 98954 INSECT BITE	<input type="checkbox"/> 0994 NON-SPEC URETHRITIS	<input type="checkbox"/> 0994 NON-SPEC URETHRITIS				
<input type="checkbox"/> 70901 CHLOASMA (MELASMA)	<input type="checkbox"/> 69589 INTERTRIGO	<input type="checkbox"/> 7038 ONYCHOLYSIS	<input type="checkbox"/> 7038 ONYCHOLYSIS				
<input type="checkbox"/> 38000 CHONDRODERMATITIS NOD HELICIS	<input type="checkbox"/> 7014 KELOID	<input type="checkbox"/> 5289 ORAL LESIONS	<input type="checkbox"/> 5289 ORAL LESIONS				
<input type="checkbox"/> 07811 CONDYLOMA ACUMINATUM	<input type="checkbox"/> 23821 KERATOACANTHOMA	<input type="checkbox"/> 6962 PARAPSORIASIS	<input type="checkbox"/> 6962 PARAPSORIASIS				
<input type="checkbox"/> 700 CORNS, CALLOSITIES	<input type="checkbox"/> 7011 KERATODERMA	<input type="checkbox"/> 1329 PEDICULOSIS	<input type="checkbox"/> 1329 PEDICULOSIS				
<input type="checkbox"/> 70625 CYST, EPID, INCL MILIUM	<input type="checkbox"/> 23293 KERATOSIS, ACTINIC	<input type="checkbox"/> 8945 PEMPHIGOID	<input type="checkbox"/> 8945 PEMPHIGOID				
<input type="checkbox"/> 70621 CYST, PILAR	<input type="checkbox"/> 7020 KERATOSIS, SEBORRHEIC	<input type="checkbox"/> 69532 PERIORAL DERMATITIS	<input type="checkbox"/> 69532 PERIORAL DERMATITIS				
<input type="checkbox"/> 75738 DARIER'S DISEASE	<input type="checkbox"/> 70490 KERATOSIS, PILARIS	<input type="checkbox"/> 70903 PIGMENTATION, HYPER	<input type="checkbox"/> 70903 PIGMENTATION, HYPER				
<input type="checkbox"/> 691 DERMATITIS, ATOPIC	<input type="checkbox"/> 7021 KERATOSIS, OTHER	<input type="checkbox"/> 70904 PIGMENTATION, HYPO	<input type="checkbox"/> 70904 PIGMENTATION, HYPO				
<input type="checkbox"/> 69291 DERMATITIS, CONTACT, ALLERGIC	<input type="checkbox"/> 6971 LICHEN NITIDUS	<input type="checkbox"/> 69272 PHOTOALLERGIC	<input type="checkbox"/> 69272 PHOTOALLERGIC				
<input type="checkbox"/> 6926 DERMATITIS, CONTACT, DUE TO PLANTS	<input type="checkbox"/> 6970 LICHEN PLANUS	<input type="checkbox"/> 69273 PHOTOTOXIC	<input type="checkbox"/> 69273 PHOTOTOXIC				
<input type="checkbox"/> 692 DERMATITIS, CONTACT, IRRITANT	<input type="checkbox"/> 70101 LICHEN SCLEROSUS ET ATROPHICUS	<input type="checkbox"/> 6965 PITIRIASIS, ALBA	<input type="checkbox"/> 6965 PITIRIASIS, ALBA				
<input type="checkbox"/> 6959 DERMATITIS, EXFOLIATIVE	<input type="checkbox"/> 69830 LICHEN SIMPLEX CHRONICUS	<input type="checkbox"/> 6963 PITIRIASIS, ROSEA	<input type="checkbox"/> 6963 PITIRIASIS, ROSEA				
<input type="checkbox"/> 6984 DERMATITIS, FACTITIA	<input type="checkbox"/> 2141 LIPOMA	<input type="checkbox"/> 6964 PITIRIASIS, RUBRA, PILARIS	<input type="checkbox"/> 6964 PITIRIASIS, RUBRA, PILARIS				
<input type="checkbox"/> 6940 DERMATITIS, HERPETIFORMIS	<input type="checkbox"/> 69540 LUPUS ERYTHEMATOSUS, DISCOID	<input type="checkbox"/> 69274 POLYMORPHOUS LIGHT	<input type="checkbox"/> 69274 POLYMORPHOUS LIGHT				
<input type="checkbox"/> 690 DERMATITIS, SEBORRHEIC	<input type="checkbox"/> 69541 LUPUS ERYTHEMATOSUS, SUBACUTE	<input type="checkbox"/> 2771 PORPHYRIA	<input type="checkbox"/> 2771 PORPHYRIA				
<input type="checkbox"/> 4541 DERMATITIS, STASIS, NO ULCER	<input type="checkbox"/> 7100 LUPUS ERYTHEMATOSUS, SYSTEMIC	<input type="checkbox"/> 6993 PRURIGO NODULARIS	<input type="checkbox"/> 6993 PRURIGO NODULARIS				
<input type="checkbox"/> 69292 DERMATITIS, OTHER, NEC	<input type="checkbox"/> 7856 LYMPHADENOPATHY	<input type="checkbox"/> 6989 PRURITUS	<input type="checkbox"/> 6989 PRURITUS				
<input type="checkbox"/> 21692 DERMATOFIBROMA	<input type="checkbox"/> 2281 LYMPHANGIOMA	<input type="checkbox"/> 70481 PSEUDOFOLLICULITIS BARBAE	<input type="checkbox"/> 70481 PSEUDOFOLLICULITIS BARBAE				
<input type="checkbox"/> 7083 DERMATOGRAFIA	<input type="checkbox"/> 70991 LYMPHOCYTOMA CUTIS	<input type="checkbox"/> 696 PSORIASIS	<input type="checkbox"/> 696 PSORIASIS				
<input type="checkbox"/> 7103 DERMATOMYOSITIS	<input type="checkbox"/> 0991 LYMPHOGANULOMA VENEREUM	<input type="checkbox"/> 287 PURPURA	<input type="checkbox"/> 287 PURPURA				
<input type="checkbox"/> 64695 DERMATOSIS OF PREGNANCY	<input type="checkbox"/> 172 MELANOMA	<input type="checkbox"/> 68091 PYODERMA, ABSCESS	<input type="checkbox"/> 68091 PYODERMA, ABSCESS				
<input type="checkbox"/> 6930 DRUG ERUPTION	<input type="checkbox"/> 23292 MELANOMA IN SITU	<input type="checkbox"/> 6829 PYODERMA, CELLULITIS	<input type="checkbox"/> 6829 PYODERMA, CELLULITIS				
<input type="checkbox"/> 69293 ECZEMA (NUMMULAR)	<input type="checkbox"/> 7051 MILIARIA	<input type="checkbox"/> 684 PYODERMA, IMPETIGO	<input type="checkbox"/> 684 PYODERMA, IMPETIGO				
<input type="checkbox"/> 69681 ECZEMA, HAND	<input type="checkbox"/> 0780 MOLLUSCUM CONTAGIOSUM	<input type="checkbox"/> 6860 PYODERMA, OTHER	<input type="checkbox"/> 6860 PYODERMA, OTHER				
<input type="checkbox"/> 6929 ECZEMA	<input type="checkbox"/> 70102 MORPHEA	<input type="checkbox"/> 6881 PYOGENIC GRANULOMA	<input type="checkbox"/> 6881 PYOGENIC GRANULOMA				
<input type="checkbox"/> 75739 EPIDERMOLYSIS BULLOSA	<input type="checkbox"/> 69821 MUCHA HABERMAN (PLEVA)	<input type="checkbox"/> 4430 RAYNAUD'S SYNDROME	<input type="checkbox"/> 4430 RAYNAUD'S SYNDROME				
<input type="checkbox"/> 035 ERYSIPELAS	<input type="checkbox"/> 2021 MYCOSIS FUNGOIDES/CTCL	<input type="checkbox"/> 0993 REITER'S DISEASE	<input type="checkbox"/> 0993 REITER'S DISEASE				
<input type="checkbox"/> 6951 ERYTHEMA MULTIFORME	<input type="checkbox"/> 7274 MYXOID CYST	<input type="checkbox"/> 6952 ROSACEA	<input type="checkbox"/> 6952 ROSACEA				
<input type="checkbox"/> 6952 ERYTHEMA NODOSUM	<input type="checkbox"/> 7030 NAILS, INGROWN	<input type="checkbox"/> 135 SARCOIDOSIS	<input type="checkbox"/> 135 SARCOIDOSIS				
		<input type="checkbox"/> 1330 SCABIES	<input type="checkbox"/> 1330 SCABIES				
		<input type="checkbox"/> 7092 SCAR	<input type="checkbox"/> 7092 SCAR				

TODAY'S DATE	
DAY	MONTH
1	Jan
2	Feb
3	Mar
4	Apr
5	May
6	Jun
7	Jul
8	Aug
9	Sep
0	Oct
1	Nov
2	Dec

CARE PROVIDER				
1	2	3	4	5
6	7	8	9	0
1	2	3	4	5
6	7	8	9	0
1	2	3	4	5
6	7	8	9	0
1	2	3	4	5
6	7	8	9	0
1	2	3	4	5
6	7	8	9	0
1	2	3	4	5
6	7	8	9	0

EKG FORM (DDAA)

OTHER UCA	
<input type="radio"/> DDAB	<input type="radio"/> DDAF
<input type="radio"/> DDAL	<input type="radio"/> DDAL
<input type="radio"/> DDAN	<input type="radio"/> DDAO

-  **USE NO. 2 PENCIL ONLY**
- **DO NOT USE INK OR BALLPOINT PEN.**
- **COMPLETELY FILL OVALS WITH DARK MARKS.**
- **ERASE CLEANLY AND MAKE NO STRAY MARKS.**
- **DO NOT FOLD THIS FORM.**

PATIENT INFORMATION									
FMP		SPONSOR'S SSN							
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0

PATIENT INFORMATION									
FMP		SPONSOR'S SSN							
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0

PROCEDURES	
<input type="radio"/> 93300 ECHO, M-MODE, COMPLETE	
<input type="radio"/> 93307 ECHO, M-MODE, 2-D, COMPLETE	
<input type="radio"/> 93320 ECHO, M-MODE, DOPPLER	
<input type="radio"/> 93305 ECHO, M-MODE, FOLLOW-UP	
<input type="radio"/> 93308 ECHO, M-MODE, 2-D, FOLLOW-UP	
<input type="radio"/> 93010 EKG, INTERPRET & REPORT ONLY	
<input type="radio"/> 93005 EKG, TRACING ONLY	
<input type="radio"/> 93000 EKG W/INTERPRETATION	
<input type="radio"/> 93274 HOLTER MONITOR-RECORD/INTERP	
<input type="radio"/> 93278 HOLTER MONITOR-HOOKUP/REMOVAL	
<input type="radio"/> 93798 PACEMAKER-INTERROG/ANALYSIS	
<input type="radio"/> 93202 PHONOCARDIOGRAM-TRACING ONLY	
<input type="radio"/> 93201 PHONOCARDIOGRAM-W/INTERPRET	
<input type="radio"/> 93012 RHYTHM STRIP ANALYSIS	
<input type="radio"/> 93015 STRESS TEST, TREADMILL	
<input type="radio"/> 93018 STRESS TEST, INTERPRET ONLY	
<input type="radio"/> 78419 STRESS TEST W/THALLIUM	
<input type="radio"/> 90601 TELEPHONE CONSULT-DOCUMENTED	

INPATIENT OR REFERRAL CODE	
<input type="radio"/> AAAA	<input type="radio"/> BGYA
<input type="radio"/> ABAA	<input type="radio"/> BHAA
<input type="radio"/> BAAA	<input type="radio"/> BBAE
<input type="radio"/> BACA	<input type="radio"/> BIYA
<input type="radio"/> BABA	<input type="radio"/> FBAC
<input type="radio"/> BBAA	<input type="radio"/> FBGA
(IF NOT LISTED ABOVE)	
1	2
3	4
5	6
7	8
9	0
1	2
3	4
5	6
7	8
9	0
1	2
3	4
5	6
7	8
9	0
1	2
3	4
5	6
7	8
9	0

PROCEDURES	
<input type="radio"/> 93300 ECHO, M-MODE, COMPLETE	
<input type="radio"/> 93307 ECHO, M-MODE, 2-D, COMPLETE	
<input type="radio"/> 93320 ECHO, M-MODE, DOPPLER	
<input type="radio"/> 93305 ECHO, M-MODE, FOLLOW-UP	
<input type="radio"/> 93308 ECHO, M-MODE, 2-D, FOLLOW-UP	
<input type="radio"/> 93010 EKG, INTERPRET & REPORT ONLY	
<input type="radio"/> 93005 EKG, TRACING ONLY	
<input type="radio"/> 93000 EKG W/INTERPRETATION	
<input type="radio"/> 93274 HOLTER MONITOR-RECORD/INTERP	
<input type="radio"/> 93278 HOLTER MONITOR-HOOKUP/REMOVAL	
<input type="radio"/> 93798 PACEMAKER-INTERROG/ANALYSIS	
<input type="radio"/> 93202 PHONOCARDIOGRAM-TRACING ONLY	
<input type="radio"/> 93201 PHONOCARDIOGRAM-W/INTERPRET	
<input type="radio"/> 93012 RHYTHM STRIP ANALYSIS	
<input type="radio"/> 93015 STRESS TEST, TREADMILL	
<input type="radio"/> 93018 STRESS TEST, INTERPRET ONLY	
<input type="radio"/> 78419 STRESS TEST W/THALLIUM	
<input type="radio"/> 90601 TELEPHONE CONSULT-DOCUMENTED	

INPATIENT OR REFERRAL CODE	
<input type="radio"/> AAAA	<input type="radio"/> BGYA
<input type="radio"/> ABAA	<input type="radio"/> BHAA
<input type="radio"/> BAAA	<input type="radio"/> BBAE
<input type="radio"/> BACA	<input type="radio"/> BIYA
<input type="radio"/> BABA	<input type="radio"/> FBAC
<input type="radio"/> BBAA	<input type="radio"/> FBGA
(IF NOT LISTED ABOVE)	
1	2
3	4
5	6
7	8
9	0
1	2
3	4
5	6
7	8
9	0
1	2
3	4
5	6
7	8
9	0

UNLISTED PROCEDURE	
1	2
3	4
5	6
7	8
9	0
1	2
3	4
5	6
7	8
9	0

TIME SPENT		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

Specific preassigned clinic codes	
1	2
3	4
5	6
7	8
9	0

UNLISTED PROCEDURE	
1	2
3	4
5	6
7	8
9	0
1	2
3	4
5	6
7	8
9	0

TIME SPENT		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

Specific preassigned clinic codes	
1	2
3	4
5	6
7	8
9	0

PATIENT INFORMATION									
FMP					SPONSOR'S SSN				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROCEDURES	
<input type="radio"/> 93300 ECHO, M-MODE, COMPLETE	
<input type="radio"/> 93307 ECHO, M-MODE, 2-D, COMPLETE	
<input type="radio"/> 93320 ECHO, M-MODE, DOPPLER	
<input type="radio"/> 93305 ECHO, M-MODE, FOLLOW-UP	
<input type="radio"/> 93308 ECHO, M-MODE, 2-D, FOLLOW-UP	
<input type="radio"/> 93010 EKG, INTERPRET & REPORT ONLY	
<input type="radio"/> 93005 EKG, TRACING ONLY	
<input type="radio"/> 93000 EKG W/INTERPRETATION	
<input type="radio"/> 93274 HOLTER MONITOR-RECORD/INTERP	
<input type="radio"/> 93278 HOLTER MONITOR-HOOKUP/REMOVAL	
<input type="radio"/> 93798 PACEMAKER-INTERROG/ANALYSIS	
<input type="radio"/> 93202 PHONOCARDIOGRAM-TRACING ONLY	
<input type="radio"/> 93201 PHONOCARDIOGRAM-W/INTERPRET	
<input type="radio"/> 93012 RHYTHM STRIP ANALYSIS	
<input type="radio"/> 93015 STRESS TEST, TREADMILL	
<input type="radio"/> 93018 STRESS TEST, INTERPRET ONLY	
<input type="radio"/> 78419 STRESS TEST W/THALLIUM	
<input type="radio"/> 90801 TELEPHONE CONSULT-DOCUMENTED	

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

TIME SPENT		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

Specific preassigned clinic codes								
1	2	3	4	5	6	7	8	9

INPATIENT OR REFERRAL CODE	
<input type="radio"/> AAAA	<input type="radio"/> BGYA
<input type="radio"/> ABAA	<input type="radio"/> BHAA
<input type="radio"/> BAAA	<input type="radio"/> BHAE
<input type="radio"/> BACA	<input type="radio"/> BIYA
<input type="radio"/> BAIA	<input type="radio"/> FBAC
<input type="radio"/> BBAA	<input type="radio"/> FBGA
(IF NOT LISTED ABOVE)	
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

PATIENT INFORMATION									
FMP					SPONSOR'S SSN				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROCEDURES	
<input type="radio"/> 93300 ECHO, M-MODE, COMPLETE	
<input type="radio"/> 93307 ECHO, M-MODE, 2-D, COMPLETE	
<input type="radio"/> 93320 ECHO, M-MODE, DOPPLER	
<input type="radio"/> 93305 ECHO, M-MODE, FOLLOW-UP	
<input type="radio"/> 93308 ECHO, M-MODE, 2-D, FOLLOW-UP	
<input type="radio"/> 93010 EKG, INTERPRET & REPORT ONLY	
<input type="radio"/> 93005 EKG, TRACING ONLY	
<input type="radio"/> 93000 EKG W/INTERPRETATION	
<input type="radio"/> 93274 HOLTER MONITOR-RECORD/INTERP	
<input type="radio"/> 93278 HOLTER MONITOR-HOOKUP/REMOVAL	
<input type="radio"/> 93798 PACEMAKER-INTERROG/ANALYSIS	
<input type="radio"/> 93202 PHONOCARDIOGRAM-TRACING ONLY	
<input type="radio"/> 93201 PHONOCARDIOGRAM-W/INTERPRET	
<input type="radio"/> 93012 RHYTHM STRIP ANALYSIS	
<input type="radio"/> 93015 STRESS TEST, TREADMILL	
<input type="radio"/> 93018 STRESS TEST, INTERPRET ONLY	
<input type="radio"/> 78419 STRESS TEST W/THALLIUM	
<input type="radio"/> 90801 TELEPHONE CONSULT-DOCUMENTED	

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

TIME SPENT		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

Specific preassigned clinic codes								
1	2	3	4	5	6	7	8	9

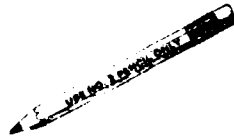
INPATIENT OR REFERRAL CODE	
<input type="radio"/> AAAA	<input type="radio"/> BGYA
<input type="radio"/> ABAA	<input type="radio"/> BHAA
<input type="radio"/> BAAA	<input type="radio"/> BHAE
<input type="radio"/> BACA	<input type="radio"/> BIYA
<input type="radio"/> BAIA	<input type="radio"/> FBAC
<input type="radio"/> BBAA	<input type="radio"/> FBGA
(IF NOT LISTED ABOVE)	
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

ENDOCRINE PATIENT (BAFA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

[illegible]

IF NOT SCHEDULED

**APPOINTMENT
STATUS**

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
 Other ☐ ① ☐ ② ☐ ③

VISIT COUNT

UCA CODE
(if not above)

[illegible]

**INPATIENT OR
REFERRAL CODE**

A	A	A	A		
B	B	C	D		
C	C	C	C		
D	E	F	F		
E	G	H	H		
F	I	J	J		
G	K	L	M		
	N	O	P		
	Q	R	S		
	T	U	V		
	W	X	Y		
	Z				

PROVIDER

# 1 CARE PROVIDER	# 1	TIME SPENT WITH PATIENT	# 2	# 2 CARE PROVIDER
	<input type="radio"/>	2 minutes	<input type="radio"/>	
	<input type="radio"/>	5 minutes	<input type="radio"/>	
	<input type="radio"/>	10 minutes	<input type="radio"/>	
	<input type="radio"/>	15 minutes	<input type="radio"/>	
	<input type="radio"/>	20 minutes	<input type="radio"/>	
	<input type="radio"/>	30 minutes	<input type="radio"/>	
	<input type="radio"/>	45 minutes	<input type="radio"/>	
	<input type="radio"/>	1 hour	<input type="radio"/>	
	<input type="radio"/>	1½ hours	<input type="radio"/>	
	<input type="radio"/>	2 hours	<input type="radio"/>	
	<input type="radio"/>	2½ hours	<input type="radio"/>	
	<input type="radio"/>	3 hours	<input type="radio"/>	
	<input type="radio"/>	3½ hours	<input type="radio"/>	
	<input type="radio"/>	4 hours	<input type="radio"/>	
	<input type="radio"/>	4½ hours	<input type="radio"/>	
	<input type="radio"/>	5 hours	<input type="radio"/>	
	<input type="radio"/>	5½ hours	<input type="radio"/>	
	<input type="radio"/>	6 hours	<input type="radio"/>	
	<input type="radio"/>	6½ hours	<input type="radio"/>	
	<input type="radio"/>	7 hours	<input type="radio"/>	
	<input type="radio"/>	7½ hours	<input type="radio"/>	
	<input type="radio"/>	8 hours	<input type="radio"/>	

REASON FOR #2
CARE PROVIDER

- ☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
 Other ☐ ① ☐ ② ☐ ③

JOB REL ILL/INJ
(not LOD det)

Yes

Yes

MILITARY ONLY

- ☐ DUTY
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 d ys
☐ > 14 days
☐ LIMITED DUTY

**SPECIFIC
PREASSIGNED
CLINIC
CODES**

- ①
②
③
④
⑤
⑥
⑦
⑧
⑨

NOT AVAILABLE

- ☐ Medical record
- ☐ Lab results
- ☐ X-Rays

DO NOT MARK IN THIS AREA

5030

100

UNLISTED REASON FOR VISIT (if not listed in columns above)											
PRIMARY						SECONDARY					
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

ENT PATIENT (BBFA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE	
DAY	MONTH
1	Jan
2	Feb
3	Mar
4	Apr
5	May
6	Jun
7	Jul
8	Aug
9	Sep
0	Oct
1	Nov
2	Dec

FMP

SPONSOR'S SSN

IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
Other ☐ ☐ ☐

VISIT COUNT

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

DLA CODE (if not shown)	
1	A
2	A
3	A
4	A
5	A
6	A
7	A
8	A
9	A
0	A
1	B
2	B
3	B
4	B
5	B
6	B
7	B
8	B
9	B
0	B
1	C
2	C
3	C
4	C
5	C
6	C
7	C
8	C
9	C
0	C
1	D
2	D
3	D
4	D
5	D
6	D
7	D
8	D
9	D
0	D
1	E
2	E
3	E
4	E
5	E
6	E
7	E
8	E
9	E
0	E
1	F
2	F
3	F
4	F
5	F
6	F
7	F
8	F
9	F
0	F
1	G
2	G
3	G
4	G
5	G
6	G
7	G
8	G
9	G
0	G
1	H
2	H
3	H
4	H
5	H
6	H
7	H
8	H
9	H
0	H
1	I
2	I
3	I
4	I
5	I
6	I
7	I
8	I
9	I
0	I
1	J
2	J
3	J
4	J
5	J
6	J
7	J
8	J
9	J
0	J
1	K
2	K
3	K
4	K
5	K
6	K
7	K
8	K
9	K
0	K
1	L
2	L
3	L
4	L
5	L
6	L
7	L
8	L
9	L
0	L
1	M
2	M
3	M
4	M
5	M
6	M
7	M
8	M
9	M
0	M

INPATIENT OR REFERRAL CODE	
1	A
2	A
3	A
4	A
5	A
6	A
7	A
8	A
9	A
0	A
1	B
2	B
3	B
4	B
5	B
6	B
7	B
8	B
9	B
0	B
1	C
2	C
3	C
4	C
5	C
6	C
7	C
8	C
9	C
0	C
1	D
2	D
3	D
4	D
5	D
6	D
7	D
8	D
9	D
0	D
1	E
2	E
3	E
4	E
5	E
6	E
7	E
8	E
9	E
0	E
1	F
2	F
3	F
4	F
5	F
6	F
7	F
8	F
9	F
0	F
1	G
2	G
3	G
4	G
5	G
6	G
7	G
8	G
9	G
0	G
1	H
2	H
3	H
4	H
5	H
6	H
7	H
8	H
9	H
0	H
1	I
2	I
3	I
4	I
5	I
6	I
7	I
8	I
9	I
0	I
1	J
2	J
3	J
4	J
5	J
6	J
7	J
8	J
9	J
0	J
1	K
2	K
3	K
4	K
5	K
6	K
7	K
8	K
9	K
0	K
1	L
2	L
3	L
4	L
5	L
6	L
7	L
8	L
9	L
0	L
1	M
2	M
3	M
4	M
5	M
6	M
7	M
8	M
9	M
0	M

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
(0) (0) (0) (0)		2 minutes		(0) (0) (0) (0)
A (N) (1) (1) (1) (1)		5 minutes		A (N) (1) (1) (1) (1)
B (0) (2) (2) (2) (2)		10 minutes		B (0) (2) (2) (2) (2)
C (P) (3) (3) (3) (3)		15 minutes		C (P) (3) (3) (3) (3)
D (Q) (4) (4) (4) (4)		20 minutes		D (Q) (4) (4) (4) (4)
E (R) (5) (5) (5) (5)		30 minutes		E (R) (5) (5) (5) (5)
F (S) (6) (6) (6) (6)		45 minutes		F (S) (6) (6) (6) (6)
G (T) (7) (7) (7) (7)		1 hour		G (T) (7) (7) (7) (7)
H (U) (8) (8) (8) (8)		1 1/2 hours		H (U) (8) (8) (8) (8)
I (V) (9) (9) (9) (9)		2 hours		I (V) (9) (9) (9) (9)
J (W)		2 1/2 hours		J (W)
K (X)		3 hours		K (X)
L (Y)		3 1/2 hours		L (Y)
M (Z)		4 hours		M (Z)
		4 1/2 hours		
		5 hours		
		5 1/2 hours		
		6 hours		
		6 1/2 hours		
		7 hours		
		7 1/2 hours		
		8 hours		

JOB REL ILL/INJ (not LOD det)
<input type="radio"/> Yes

MILITARY ONLY

- ☐ DUTY QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays

REASON FOR #2 CARE PROVIDER

- ☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
Other ☐ ☐ ☐

DO NOT MARK IN THIS AREA

20993

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

 PROVIDER
 01 02

 PROVIDER
 01 02

 PROVIDER
 01 02

- ☐ 92504 BINOCULAR MICROSCOPY
☐ 92533 CALORIC TESTING
☐ 92544 ELECTRONYSTAGMOGRAPHY
☐ 89000 I&D ABSCESS/HEMATOMA, EXT EAR
☐ 92548 OTONEUROLOGICAL EVAL/VERTIGO
☐ 89424 PE TUBE REMOVAL
☐ 12008 SUTURE, EAR
☐ 89434 T-OSTOMY, BILAT, LOCAL
☐ 89433 T-OSTOMY, UNILAT, LOCAL

- ☐ 88170 FINE NEEDLE ASPIRATION
☐ 42700 I&D PERITONSILLAR ABSCESS
 LARYNGOSCOPY
☐ 31575 DIAG FLEX SCOPE
☐ 31515 DIRECT
☐ 31538 DIRECT, OPERATIVE W/BIOPSY
☐ 31505 INDIRECT, DIAG
☐ 82511 NASOPHARYNGOSCOPY W/FIBER SCOPE
☐ 42822 TBA

- ☐ 15820 BLEPHAROPLASTY, LOWER LIDS
☐ 15822 BLEPHAROPLASTY, UPPER LIDS
☐ 15781 DERMABRASION, FACE
☐ 11448 EXCISION OF SKIN LESION
☐ 89301 OTOPLASTY, BILAT
☐ 89300 OTOPLASTY, UNILAT
☐ 15828 RHYTHIDECTOMY-CHEEK/CHIN/NECK
☐ 11407 SCAR REVISION
☐ 11100 SKIN BIOPSY
☐ 15838 SUBMENTOPLASTY
☐ 90002 SUTURE REMOVAL

- ☐ 30100 BIOPSY (INTRANASAL)
☐ 30902 CTRL MEMO NASAL ANT, BILAT
☐ 30901 CTRL MEMO NASAL ANT, UNILAT
☐ 31001 MAXILLARY SINUS IRRIGAT, BILAT
☐ 31000 MAXILLARY SINUS IRRIGAT, UNILAT
☐ 31021 NASAL ANTRAL WINDOW, BILAT
☐ 30848 NASAL ANTHROSCOPY
☐ 21320 NASAL FX CLOSED REDUCTION
☐ 30300 REMOVAL OF FB-INTRANASAL
☐ 30450 RHINOPLASTY, MAJ W/OSTEOTOMIES
☐ 30400 RHINOPLASTY, PRIMARY
☐ 30520 SEPTOPLASTY

- ☐ 80605 CONSULTATION

ADDITIONAL PROCEDURES

PROVIDER 2

Yes ()

- ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05
☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15
☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20
☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30
☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35
☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40
☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45
☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50

PROVIDER 2

Yes ()

- ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05
☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15
☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20
☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30
☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35
☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40
☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45
☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

 1° is Follow-up
 1° is Rule/out

1° 2°

1° 2°

1° 2°

MISCELLANEOUS

- ☐ 78609 APNEA
☐ 6820 CELLULITIS, FACE
☐ 70927 FACIAL COSMETIC DEFORM, ACNE
☐ 70191 FACIAL FLACID ATROPHY, ACQUIRED
☐ 8022 FX, MANDIBLE
☐ 8024 FX, MAXILLA
☐ 346 HEADACHE, MIGRAINE
☐ 3468 HEADACHE, RHINOGENIC SINUSITIS
☐ 075 INFECTIOUS MONONUCLEOSIS
☐ 7856 LYMPHADENOPATHY
☐ 9108 MAXILLOFACIAL TRAUMA
☐ 3510 PARALYSIS, BELL'S
☐ 70185 PERIORAL RHYTHIDOSIS
☐ 37435 PTOSIS, BROW
☐ 37430 PTOSIS, EYELID, UNSPEC
☐ V6554 WORRIED/CONCERNED WELL

- ☐ 38010 CELLULITIS, EAR
☐ 3804 CERUMEN, IMPACTED
☐ 38181 EUSTACHIAN TUBE DYSFUNCTION
☐ 931 FOREIGN BODY, EAR
 HEARING LOSS
☐ 3890 CONDUCTIVE
☐ 3899 DEAFNESS, NOS
☐ 3892 MIXED
☐ 3891 SENSORINEURAL
☐ 3863 LABYRINTHITIS
 MASTOIDITIS
☐ 38300 ACUTE
☐ 3831 CHRONIC
☐ 3839 UNSPEC
☐ 3860 MENIERE'S SYNDROME
☐ 3802 OTITIS EXTERNA
☐ 38014 OTITIS EXTERNA, MALIGNANT
 OTITIS MEDIA
☐ 3829 ACUTE
☐ 3851 ADHESIVE
☐ 38110 CHRONIC, SEROUS
☐ 3823 CHRONIC, SUPPUR
☐ 3812 MUCOID
☐ 38860 OTORRHEA
☐ 38426 PERF TYMP MEMB NONTRAUMATIC
☐ 87261 PERF TYMP MEMB TRAUMATIC
☐ 3869 VERTIGENOUS SYNDROME
☐ 78042 VERTIGO

- ☐ 7540 DEVIATED SEPTUM, CONGENITAL
☐ 87321 DEVIATED SEPTUM, TRAUMATIC
☐ 7847 EPISTAXIS
☐ 8937 FOREIGN BODY, NOSE
☐ 8020 FRACTURE NASAL BONE (CLOSED)
☐ 8732 LACERATIONS, NASAL
☐ 471 NASAL POLYP
☐ 47380 POSTNASAL DRAINAGE
 RHINITIS
☐ 477 ALLERGIC
☐ 47203 MEDICAMENTOUS
☐ 47202 SICCA
☐ 47791 VASOMOTOR
 SINUSITIS
☐ 4612 ETHMOIDAL, ACUTE
☐ 4732 ETHMOIDAL, CHRONIC
☐ 4611 FRONTAL, ACUTE
☐ 4731 FRONTAL, CHRONIC
☐ 4610 MAXILLARY, ACUTE
☐ 4730 MAXILLARY, CHRONIC

- ☐ 78422 MASS IN NECK
☐ 24821 THYROID MASS
 MALIGNANT NEOPLASMS
☐ 17000 EAR, TEMPORAL BONE CARCINOMA
☐ 1489 HYPOPHARYNX
☐ 1819 LARYNX
☐ 1409 LIP
☐ 1479 NASOPHARYNX
☐ 1950 NECK, FACE, HEAD
☐ 19883 NECK, HEAD METASTASIS
☐ 19501 NOSE
☐ 1459 ORAL CAVITY
☐ 1469 OROPHARYNX
☐ 1456 RETROMOLAR TRIGONE
☐ 1429 SALIVARY GLANDS
☐ 1609 SINUS
☐ 173 SKIN
☐ 141 TONGUE
☐ 1460 TONSIL

- NON-MALIGNANT NEOPLASMS
☐ 70622 SEBACEOUS CYST
☐ 0781 VIRAL WART

UNLISTED REASON FOR VISIT (if not listed in columns above)

PRIMARY

SECONDARY

PRIMARY	SECONDARY
V. 0 0 0 0 0 0	V. 0 0 0 0 0 0
1 1 1 1 1 1	1 1 1 1 1 1
2 2 2 2 2 2	2 2 2 2 2 2
3 3 3 3 3 3	3 3 3 3 3 3
4 4 4 4 4 4	4 4 4 4 4 4
5 5 5 5 5 5	5 5 5 5 5 5
6 6 6 6 6 6	6 6 6 6 6 6
7 7 7 7 7 7	7 7 7 7 7 7
8 8 8 8 8 8	8 8 8 8 8 8
9 9 9 9 9 9	9 9 9 9 9 9

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1*	2*	1*	2*	1*	2*
INFECTION & PARASITIC		GU		BLOOD	
<input type="radio"/> 075	INFECTIOUS MONONUCLEOSIS	<input type="radio"/> 6959	CYSTITIS	<input type="radio"/> 285	ANEMIA, UNSPECIFIED
<input type="radio"/> 1322	LICE, CRAB	<input type="radio"/> 7881	DYSURIA	<input type="radio"/> 2899	OTHER HEMATOLOGICAL ABNORMALITY
<input type="radio"/> 3229	MENINGITIS, UNSPEC	<input type="radio"/> 5987	HEMATURIA	MS/CONSTITUTIONAL	
<input type="radio"/> 0899	SEXUALLY TRANSMITTED DISEASE	<input type="radio"/> 6990	URINARY TRACT INFECTION	<input type="radio"/> 7119	ARTHRITIS & ARTHROSIS
<input type="radio"/> 0799	VIRAL SYNDROME, NOS	<input type="radio"/> 6929	URINARY CALCULUS	<input type="radio"/> 71580	INFECTIOUS ARTHRITIS
		<input type="radio"/> 0994	URETHRITIS, NONSPECIFIC	<input type="radio"/> 7194	OSTEOARTHRITIS (DJD)
		<input type="radio"/> 7886	VOIDING DIFFICULTY		PAIN IN JOINT, ARTHRALGIA
EYE		MALE GU		DISLOCATION/SUBLUXATION	
<input type="radio"/> 3730	BLEPHARITIS	<input type="radio"/> 800	BENIGN PROSTATIC HYPERTROPHY	<input type="radio"/> 832	ELBOW
<input type="radio"/> 37230	CONJUNCTIVITIS	<input type="radio"/> 804	ORCHITIS/EPIDIDYMITIS	<input type="radio"/> 834	FINGER
<input type="radio"/> 81811	CORNEAL ABRASION	<input type="radio"/> 801	PROSTATITIS	<input type="radio"/> 831	SHOULDER
<input type="radio"/> 38920	DECREASED VISION	<input type="radio"/> 8088	TESTICULAR CONDITION	TRAUMATIC INJURY	
<input type="radio"/> 3748	EYELID PROBLEM	<input type="radio"/> 60892	TESTICULAR PAIN	OPEN FX USE ORTHO FORM	
<input type="radio"/> 830	FOREIGN BODY IN EYE	<input type="radio"/> 7887	URETHRAL DISCHARGE (MALE)	<input type="radio"/> 8248	ANKLE
<input type="radio"/> 37990	PAIN/ITCH/DISCHARGE/REDNESS	FEMALE GU/GYN		<input type="radio"/> 81000	CLAVICLE
<input type="radio"/> 8218	TRAUMA, EYE (OTHER)	<input type="radio"/> 81172	BREAST MASS	<input type="radio"/> 81341	COLLES
		<input type="radio"/> 8119	BREAST PROBLEMS	<input type="radio"/> 81800	FINGER(S)/HAND
<input type="radio"/> 3804	CERUMEN IMPAC (WAX IN EAR)	<input type="radio"/> 8269	MENSTRUAL PROBLEMS	<input type="radio"/> 825	FOOT
<input type="radio"/> 3888	EAR DRAINAGE/PAIN/DISCOMFORT	<input type="radio"/> 8149	PELVIC INFLAMMATORY DISEASE	<input type="radio"/> 81383	FOREARM
<input type="radio"/> 85908	EAR TRAUMA	<input type="radio"/> 826	PELVIC PAIN	<input type="radio"/> 82081	HIP
<input type="radio"/> 831	FOREIGN BODY IN EAR	<input type="radio"/> 8238	VAGINAL BLEEDING	<input type="radio"/> 81220	HUMERUS
<input type="radio"/> 3801	OTITIS EXTERNA	<input type="radio"/> 8235	VAGINAL DISCHARGE, NOS	<input type="radio"/> 8238	LOWER LEG, NOS
<input type="radio"/> 3820	OTITIS MEDIA, ACUTE	<input type="radio"/> 8239	VAGINAL ITCHING/IRRITATION	<input type="radio"/> 8020	NOSE
<input type="radio"/> 3889	VERTIGINOUS SYNDROMES, UNSPEC	<input type="radio"/> 81810	VAGINITIS/VULVITIS, NOS	<input type="radio"/> 8070	RIBS
NOSE				<input type="radio"/> 8030	SKULL
<input type="radio"/> 477	ALLERGY/HAYFEVER (RHINITIS)	ENDOCRINE/NUTRIT/METABOL		<input type="radio"/> 8260	TOE(S)
<input type="radio"/> 7847	EPISTAXIS	<input type="radio"/> 250	DIABETES MELLITUS	<input type="radio"/> 81400	WRIST
<input type="radio"/> 932	FOREIGN BODY IN NOSE	<input type="radio"/> 274	GOUT	<input type="radio"/> 72741	GANGLION, NOS
<input type="radio"/> 85900	NOSE TRAUMA	<input type="radio"/> 79080	HYPERGLYCEMIA	<input type="radio"/> 717	INTERNAL DERANGEMENT KNEE
<input type="radio"/> 4720	RUNNING/STUFFY NOSE	<input type="radio"/> 2512	HYPOGLYCEMIA	<input type="radio"/> 7291	MUSCLE ACHES
<input type="radio"/> 461	SINUS PROBLEM	<input type="radio"/> 2599	OTHER ENDOCRINE DISORDER	<input type="radio"/> 7273	NONARTICULAR RHEUMATISM
MOUTH		SKIN & SUBCUTANEOUS		<input type="radio"/> 7270	BURSITIS
<input type="radio"/> 5259	TEETH & SUPPORT STRUCT DIS	<input type="radio"/> 88291	ABSCESS	<input type="radio"/> 8450	TENDOSYNOVITIS/SYNOVITIS
THROAT		<input type="radio"/> 1104	ATHELETES FOOT (TINEA PEDI)	<input type="radio"/> 8470	SPRAIN/STRAIN
<input type="radio"/> 4640	LARYNGITIS	<input type="radio"/> 8809	BOL/LARGUNCLE	<input type="radio"/> 8479	ANKLE
<input type="radio"/> 462	SORE THROAT	<input type="radio"/> 1129	CANDIDIASIS, NOS	<input type="radio"/> 84891	CERVICAL
<input type="radio"/> 0340	STREP THROAT	<input type="radio"/> 8829	CELLULITIS, NOS	<input type="radio"/> 84892	BACK
<input type="radio"/> 463	TONSILLITIS, ACUTE	<input type="radio"/> 700	CORNS, CALLOSITIES	<input type="radio"/> 848	JOINT (LIGAMENTS)
RESPIRATORY		<input type="radio"/> 8929	ECZEMA	<input type="radio"/> 84892	MUSCLES & TENDONS
<input type="radio"/> 493	ASTHMA	<input type="radio"/> 684	IMPETIGO	<input type="radio"/> 848	OTHER, SITE NOS
<input type="radio"/> 4660	BRONCHITIS, ACUTE	<input type="radio"/> 7030	INGROWN TOENAIL	VERTEBRAL COLUMN SYNDROMES	
<input type="radio"/> 456	COPD	<input type="radio"/> 8989	PRURITUS	<input type="radio"/> 7245	BACK PAIN W/O RADIATING SYM
<input type="radio"/> 7862	COUGH	<input type="radio"/> 7821	RASH (EXANTHEMS, NOS)	<input type="radio"/> 7244	BACK PAIN W/RADIATING SYM
<input type="radio"/> 7860	DYSPNEA (SHORT OF BREATH)	<input type="radio"/> 8930	RASH, DRUG	<input type="radio"/> 7231	NECK PAIN (CERVICAL)
<input type="radio"/> 488	PNEUMONIA	<input type="radio"/> 70822	SEBACEOUS CYST	<input type="radio"/> 72989	MUSCULOSKELETAL PROBLEM, OTHER
<input type="radio"/> 7991	RESPIRATORY FAILURE	<input type="radio"/> 708	URTICARIA, NOS	GENERAL SIGNS & SYMPTOMS	
<input type="radio"/> 460	URI, ACUTE (COLD)	P&N		<input type="radio"/> 798	ABNORMAL CLINICAL FINDINGS
<input type="radio"/> 78604	WHEEZE/BRONCHOSPASM	<input type="radio"/> 30500	ALCOHOL ABUSE, UNSPEC	<input type="radio"/> 7806	FEVER OF UNDETERMINED CAUSE
GI SYSTEM		<input type="radio"/> 438	CVA	<input type="radio"/> 7807	MALADISE, FATIGUE, TIREDNESS
<input type="radio"/> 7890	ABDOMINAL PAIN	<input type="radio"/> 7800	COMMA/ALTERED MENTAL STATUS	<input type="radio"/> 79983	WEAKNESS
<input type="radio"/> 540	APPENDICITIS, ACUTE	<input type="radio"/> 311	DEPRESSION	ADVERSE EFFECTS	
<input type="radio"/> 57896	BLEEDING, GI, NOS	<input type="radio"/> 7804	DIZZINESS & GIDDINESS	<input type="radio"/> 9952	ADVERSE EFFECT MED PROPER DOSE
<input type="radio"/> 5609	BOWEL OBSTRUCTION	<input type="radio"/> 7840	HEADACHE	<input type="radio"/> 30500	ALCOHOL ABUSE, UNSPEC
<input type="radio"/> 5750	CHOLECYSTITIS	<input type="radio"/> 346	HEADACHE, MIGRAINE	<input type="radio"/> 9953	ALLERGIC REACTION, NOS
<input type="radio"/> 5640	CONSTIPATION	<input type="radio"/> 78201	NUMBNESS/TINGLING	<input type="radio"/> 1995	CANCER COMPLICATION-ALL SITES
<input type="radio"/> 55891	DIARRHEA	<input type="radio"/> 3449	PARALYSIS	<input type="radio"/> 9919	COLD INJURY
<input type="radio"/> 55890	GASTROENTERITIS	<input type="radio"/> 7803	SEIZURE DISORDER	<input type="radio"/> 9929	HEAT INJURY
<input type="radio"/> 4556	HEMORRHOIDS W/O COMPLICATION	<input type="radio"/> 30590	SUBSTANCE ABUSE, OTHER	TOXICOLOGICAL PROBLEMS	
<input type="radio"/> 5733	HEPATITIS, NOS	<input type="radio"/> 30093	SUICIDE GESTURE	<input type="radio"/> 989	CHEMICALS
<input type="radio"/> 550	INGUINAL HERNIA	CV & LYMPH SYSTEM		<input type="radio"/> 977	OVERDOSE, ACCIDENTAL
<input type="radio"/> 7870	NAUSEA/VOMITING	<input type="radio"/> 413	ANGINA PECTORIS	<input type="radio"/> 9776	OVERDOSE, SUICIDE ATTEMPT
<input type="radio"/> 5770	PANCREATITIS	<input type="radio"/> 6581	BLOOD PRESSURE CHECK		
<input type="radio"/> 5693	RECTAL BLEEDING, NOS	<input type="radio"/> 7982	BLOOD PRESSURE, ELEVATED		
<input type="radio"/> 5339	ULCER, PEPTIC	<input type="radio"/> 427	CARDIAC DYBRHYTHMIA		
		<input type="radio"/> 7886	CHEST PAIN		
		<input type="radio"/> 4280	CONGESTIVE HEART FAILURE		
		<input type="radio"/> 401	HYPERTENSION		
		<input type="radio"/> 410	MYOCARDIAL INFARCTION, ACUTE		
		<input type="radio"/> 7851	PALPITATIONS		
		<input type="radio"/> 451	PHLEBITIS/THROMBOPHLEBITIS		

IN THIS AREA

1*	2*
<input type="radio"/> 919	ABRASION, SCRATCHES
<input type="radio"/> 888	AMPUTATION, FINGER
<input type="radio"/> 87995	BITE, ANIMAL
<input type="radio"/> 87998	BITE, HUMAN
<input type="radio"/> 94971	BURN, THERMAL
<input type="radio"/> 94971	<5% BODY SURFACE AREA
<input type="radio"/> 94973	>16% BODY SURFACE AREA
<input type="radio"/> 9496	BURNS CHEMICAL (ALL SITES)
<input type="radio"/> 949	BURNS, UNSPECIFIED
<input type="radio"/> 850	CONCUSSION
<input type="radio"/> 9249	CONTUSION, ALL SITES
<input type="radio"/> 9299	CRUSHING INJURY
<input type="radio"/> 7296	FOREIGN BODY IN TISSUE
<input type="radio"/> 98954	INSECT BITES
LACERATION	
<input type="radio"/> 8789	COMPLEX
<input type="radio"/> 87981	SIMPLE (<2 inch)
<input type="radio"/> 87982	SIMPLE (>2 inch)
<input type="radio"/> 6798	LACERATION (UNSPEC)
<input type="radio"/> 9598	MULTIPLE TRAUMA
<input type="radio"/> 95990	SEXUAL ASSAULT
WOUND	
<input type="radio"/> 87987	PUNCTURE
<input type="radio"/> 87988	STAB
<input type="radio"/> 87989	GUNSHOT

SUPPLEMENTARY CLASSIFICATION	
<input type="radio"/> V8110	MARITAL PROBLEM
<input type="radio"/> V700	MEDICAL EXAM
<input type="radio"/> V583	SUTURE REMOVAL
<input type="radio"/> V8554	WORRIED/CONCERNED WELL

UNLISTED REASON FOR VISIT (if not listed in columns above)	
PRIMARY	SECONDARY
V: <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0	V: <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0
<input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2
<input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4
<input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6
<input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8
<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9

FAMILY PRACTICE PATIENT (BGYA)

OTHER UCA
☐ BGYN

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN
DAY	MONTH		
<input type="radio"/> 1	<input type="radio"/> Jan	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> Feb	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> Mar	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> Apr	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> May	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> Jun	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> Jul	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> Aug	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> Sep	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> Oct	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> Nov	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> Dec	<input type="radio"/> 2	<input type="radio"/> 2

IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
 Other ☐ 1 ☐ 2 ☐ 3

VISIT COUNT

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

UCA CODE (if not above)

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES					
PROVIDER #1 #2		PROVIDER #1 #2		PROVIDER #1 #2		PROVIDER 2		PROVIDER 2	
						Yes		Yes	
<input type="checkbox"/> 11100	BIOPSY	<input type="checkbox"/> 90024	GENERAL MEDICINE	<input type="checkbox"/> 00000	ACNE	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 18000	BURN 1° SIMPLE RX	<input type="checkbox"/> 90085	MILITARY ROUTINE	<input type="checkbox"/> 11004	ATHLETE'S FOOT (TINEA PED)	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 99158	COUNSELING, CONTRACEPTIVES	<input type="checkbox"/> 92003	VISUAL ACUITY	<input type="checkbox"/> 68009	BOIL/CARBUNCLE	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 07014	COUNSELING, PRENATAL	<input type="checkbox"/> 80084	INTERIM CLASS 2&3/FAA3	<input type="checkbox"/> 1129	CANDIDIASIS, NOS	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 90011	DRESSING CHANGE			<input type="checkbox"/> 6829	CELLULITIS, NOS	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 93000	EKG W/INTERPRETATION			<input type="checkbox"/> 70981	CHAPPED SKIN	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 92005	EYE IRRIGATION			<input type="checkbox"/> 700	CORNS, CALLOSITIES	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 10060	I&D, ABSCESS/BOIL/CARBUNCLE			<input type="checkbox"/> 6929	ECZEMA	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 29100	SPUNT APPLICATION			<input type="checkbox"/> 0035	ERYSIPELAS	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 80002	SUTURE REMOVAL			<input type="checkbox"/> 0054	FEVER BLISTERS (COLD SORES)	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 99078	TEACHING (BREAST SELF EXAM)			<input type="checkbox"/> 9172	FRICTION BLISTER ON FEET	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000
<input type="checkbox"/> 12003	WOUND REPAIR/DRESSING			<input type="checkbox"/> 7030	INGROWN TOENAIL	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000	<input type="checkbox"/> 00000

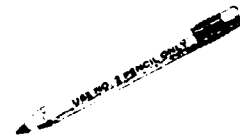
MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)			
1°	2°	1°	2°
<input type="checkbox"/> 07171	HEPATITIS EXPOSURE	<input type="checkbox"/> 493	ASTHMA
<input type="checkbox"/> 075	INFECTIOUS MONONUCLEOSIS	<input type="checkbox"/> 494	BRONCHIECTASIS
<input type="checkbox"/> 1322	LICE, CRAB	<input type="checkbox"/> 4860	BRONCHITIS, ACUTE
<input type="checkbox"/> 1320	LICE, HEAD	<input type="checkbox"/> 491	BRONCHITIS, CHRONIC
<input type="checkbox"/> 1274	PINWORMS (ENTEROBIOSIS)	<input type="checkbox"/> 496	COPO
<input type="checkbox"/> 1330	SCABIES	<input type="checkbox"/> 7862	COUGH
<input type="checkbox"/> 0799	VIRAL SYNDROME, NOS	<input type="checkbox"/> 7860	DYSPNEA (SHORT OF BREATH)
<input type="checkbox"/> 07811	CONDYLOMATA ACUMINATA	<input type="checkbox"/> 486	PNEUMONIA
<input type="checkbox"/> 098	GONORRHEA	<input type="checkbox"/> 480	URI, ACUTE (COLD)
<input type="checkbox"/> 05410	HERPES GENITAL	<input type="checkbox"/> 78604	WHEEZE
<input type="checkbox"/> 0999	STD, UNSPEC	<input type="checkbox"/> 7890	ABDOMINAL PAIN
<input type="checkbox"/> 0910	SYPHILIS, PRIMARY	<input type="checkbox"/> 5650	ANAL FISSURE
<input type="checkbox"/> 1310	TRICHOMONIASIS	<input type="checkbox"/> 56942	ANAL/RECTAL/PROC PAIN, NOS
<input type="checkbox"/> 3730	BLEPHARITIS	<input type="checkbox"/> 7830	ANOREXIA
<input type="checkbox"/> 3732	CHALAZION	<input type="checkbox"/> 540	APPENDICITIS, ACUTE
<input type="checkbox"/> 37230	CONJUNCTIVITIS	<input type="checkbox"/> 57898	BLEEDING, GI NOS
<input type="checkbox"/> 36820	DECREASED VISION	<input type="checkbox"/> 5750	CHOLECYSTITIS
<input type="checkbox"/> 3657	DIPTOPIA (SEEING DOUBLE)	<input type="checkbox"/> 5640	CONSTIPATION
<input type="checkbox"/> 3448	EYELID PROBLEM	<input type="checkbox"/> 55891	DIARRHEA
<input type="checkbox"/> 908	FOREIGN BODY IN EYE	<input type="checkbox"/> 56210	DIVERTICULOSIS, COLON
<input type="checkbox"/> 37430	PAIN/ITCH/DISCHARGE/REDNESS	<input type="checkbox"/> 5756	DUODENITIS
<input type="checkbox"/> 36131	REFRACTIVE ERROR	<input type="checkbox"/> 7872	DYSPHAGIA
<input type="checkbox"/> 17201	REQUEST FOR GLASSES	<input type="checkbox"/> 5309	ESOPHAGUS DISORDER, NOS
<input type="checkbox"/> 5419	TRAUMA, EYE (OTHER)	<input type="checkbox"/> 5355	GASTRITIS
<input type="checkbox"/> 3304	CERUMEN IMPC (WAX IN EAR)	<input type="checkbox"/> 55890	GASTROENTERITIS
<input type="checkbox"/> 3338	EAR DRAINAGE/PAIN/DISCOMFORT	<input type="checkbox"/> 5733	HEPATITIS, NOS
<input type="checkbox"/> 95306	EAR TRAUMA	<input type="checkbox"/> 550	INGUINAL HERNIA
<input type="checkbox"/> 1412	HEARING PROBLEM	<input type="checkbox"/> 5641	IRRITABLE BOWEL SYNDROME
<input type="checkbox"/> 3631	OTITIS EXTERNA	<input type="checkbox"/> 7870	NAUSEA/VOMITING
<input type="checkbox"/> 3820	OTITIS MEDIA	<input type="checkbox"/> 5693	RECTAL BLEEDING, NOS
<input type="checkbox"/> 2883	TINNITUS	<input type="checkbox"/> 6980	RECTAL ITCHING
<input type="checkbox"/> 3363	VERTIGINOUS SYNDROMES	<input type="checkbox"/> 5339	ULCER, PEPTIC
<input type="checkbox"/> 477	ALLERGY/HAYFEVER (RHINITIS)	<input type="checkbox"/> 5990	URINARY TRACT INFECTION
<input type="checkbox"/> 7847	EPISTAXIS	<input type="checkbox"/> V22	NORMAL PREGNANCY
<input type="checkbox"/> 942	FOREIGN BODY IN NOSE	<input type="checkbox"/> V7231	WELL WOMAN EXAM
<input type="checkbox"/> 05460	NOSE TRAUMA	<input type="checkbox"/> V724	SUSPECTS PREGNANCY
<input type="checkbox"/> 47791	RHINITIS VASOMOTOR	<input type="checkbox"/> 250	DIABETES MELLITUS
<input type="checkbox"/> 4720	RUNNING/STUFFY NOSE	<input type="checkbox"/> 274	GOUT
<input type="checkbox"/> 451	SINUS PROBLEM	<input type="checkbox"/> 2780	OBESITY (WT REDUCTION)
<input type="checkbox"/> 5253	SORES IN MOUTH	<input type="checkbox"/> 61610	VAGINITIS, UNSPEC
<input type="checkbox"/> 5253	TEETH & SUPPORT STRUCT DIS	<input type="checkbox"/> 2529	OTHER ENDOCRINE DISORDER
<input type="checkbox"/> 78448	HOARSENESS		
<input type="checkbox"/> 4540	LARYNGITIS		
<input type="checkbox"/> 462	SORE THROAT		
<input type="checkbox"/> 0140	STREP THROAT		
<input type="checkbox"/> 24621	THYROID MASS		
<input type="checkbox"/> 453	TONSILLITIS, ACUTE		

GASTROENTEROLOGY PATIENT (BAGA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN											
DAY	MONTH													
<input type="radio"/> 0	<input type="radio"/> Jan	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> Feb	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> Mar	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> May	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> Jun	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> Jul	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> Aug	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> Sep	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> Oct	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> Nov	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> Dec	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1

OTHER UCA

☐ BBHA

IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
Other (1)(2)(3)

VISIT COUNT

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

UCA CODE (if not above)

<input type="radio"/> B	<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A
<input type="radio"/> U	<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B
<input type="radio"/> U	<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C
<input type="radio"/> U	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D
<input type="radio"/> F	<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E
<input type="radio"/> G	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F
<input type="radio"/> H	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G
<input type="radio"/> I	<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H
<input type="radio"/> J	<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I
<input type="radio"/> K	<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J
<input type="radio"/> L	<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K
<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L
<input type="radio"/> N	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M
<input type="radio"/> O	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N
<input type="radio"/> P	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O
<input type="radio"/> Q	<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P
<input type="radio"/> R	<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q
<input type="radio"/> S	<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R
<input type="radio"/> T	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S
<input type="radio"/> U	<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T
<input type="radio"/> V	<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U
<input type="radio"/> W	<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V
<input type="radio"/> X	<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W
<input type="radio"/> Y	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X
<input type="radio"/> Z	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z

INPATIENT OR REFERRAL CODE

<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A
<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B
<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C
<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D
<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E
<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F
<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G
<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H
<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I
<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J
<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K
<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L
<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M
<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N
<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O
<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P
<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q
<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R
<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S
<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T
<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U
<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V
<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W
<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X
<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="radio"/> 0	<input type="radio"/> 0	2 minutes	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	5 minutes	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	10 minutes	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	15 minutes	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	20 minutes	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	30 minutes	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	45 minutes	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	1 hour	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	1 1/2 hours	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	2 hours	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	2 1/2 hours	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	3 hours	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	3 1/2 hours	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	4 hours	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	4 1/2 hours	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	5 hours	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	5 1/2 hours	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	6 hours	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	6 1/2 hours	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	7 hours	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	7 1/2 hours	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	8 hours	<input type="radio"/> 1	<input type="radio"/> 1

REASON FOR #2 CARE PROVIDER

- ☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
Other (1)(2)(3)

JOB REL ILL/INJ (not LOD det)

Yes ☐

MILITARY ONLY

- ☐ DUTY
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays



5290

4. ADDITIONAL PROCEDURES

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

UNLISTED REASON FOR VISIT
(if not listed in columns above)F-27

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

[illegible]

IF NOT SCHEDULED

APPOINTMENT
STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
 Other ☐ ☐ ☐

**VISIT
COUNT**

(0)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

UCA CODE
(if not above)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

INPATIENT OR
REFERRAL CODE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
	<input type="radio"/>	2 minutes	<input type="radio"/>	
	<input type="radio"/>	5 minutes	<input type="radio"/>	
	<input type="radio"/>	10 minutes	<input type="radio"/>	
A: (A) (1) (1) (1) (1)	<input type="radio"/>	15 minutes	<input type="radio"/>	A: (A) (1) (1) (1) (1)
B: (O) (2) (2) (2) (2)	<input type="radio"/>	20 minutes	<input type="radio"/>	B: (O) (2) (2) (2) (2)
C: (P) (3) (3) (3) (3)	<input type="radio"/>	30 minutes	<input type="radio"/>	C: (P) (3) (3) (3) (3)
D: (Q) (4) (4) (4) (4)	<input type="radio"/>	45 minutes	<input type="radio"/>	D: (Q) (4) (4) (4) (4)
E: (B) (5) (5) (5) (5)	<input type="radio"/>	1 hour	<input type="radio"/>	E: (B) (5) (5) (5) (5)
F: (S) (6) (6) (6) (6)	<input type="radio"/>	1½ hours	<input type="radio"/>	F: (S) (6) (6) (6) (6)
G: (T) (7) (7) (7) (7)	<input type="radio"/>	2 hours	<input type="radio"/>	G: (T) (7) (7) (7) (7)
H: (U) (8) (8) (8) (8)	<input type="radio"/>	2½ hours	<input type="radio"/>	H: (U) (8) (8) (8) (8)
I: (V) (9) (9) (9) (9)	<input type="radio"/>	3 hours	<input type="radio"/>	I: (V) (9) (9) (9) (9)
J: W	<input type="radio"/>	3½ hours	<input type="radio"/>	J: W
K: (X)	<input type="radio"/>	4 hours	<input type="radio"/>	K: (X)
L: (Y)	<input type="radio"/>	4½ hours	<input type="radio"/>	L: (Y)
M: (Z)	<input type="radio"/>	5 hours	<input type="radio"/>	M: (Z)
	<input type="radio"/>	5½ hours	<input type="radio"/>	
	<input type="radio"/>	6 hours	<input type="radio"/>	
	<input type="radio"/>	6½ hours	<input type="radio"/>	
	<input type="radio"/>	7 hours	<input type="radio"/>	
	<input type="radio"/>	7½ hours	<input type="radio"/>	
	<input type="radio"/>	8 hours	<input type="radio"/>	

REASON FOR #2
CARE PROVIDER

- ☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
 Other ☐ ① ☐ ② ☐ ③

JOB REL ILL/INJ
(not LOD det)

Yes

MILITARY ONLY

- ☐ DUTY
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

**SPECIFIC
PREASSIGNED
CLINIC
CODES**

- (1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays

[illegible]

DO NOT MARK IN THIS AREA

28170

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)						ADDITIONAL PROCEDURES																																																																																																																																																					
PROVIDER 1		PROVIDER 2		PROVIDER 3		PROVIDER 1				PROVIDER 2				PROVIDER 3																																																																																																																																													
01	02	01	02	01	02	01	02	03	04	05	06	07	08	09	10	11	12																																																																																																																																										
BIOPSY <input type="checkbox"/> 38500 BIOP/EXC LYMPH NODE/SEP <input type="checkbox"/> 18020 BURN DEBRIDEMENT <input type="checkbox"/> 10080 DRAIN PILONIDAL CYST (SIMP) <input type="checkbox"/> 11205 EXCISION, LIPOMA <input type="checkbox"/> 11770 EXCISION, PILON CYST/SINUS <input type="checkbox"/> 10060 I&D ABSCESS <input type="checkbox"/> 10004 EXCISION, CYST <input type="checkbox"/> 10000 I&D INFEC/SEBAC CYST <input type="checkbox"/> 12008 WOUND CARE, LOCAL <input type="checkbox"/> 11043 WOUND DEBRIDEMENT <input type="checkbox"/> 29550 APPLICATION UNNA BOOT <input type="checkbox"/> 19122 EXCISION, BREAST MASS <input type="checkbox"/> 19000 PUNCTURE, ASPR, BREAST CYST <input type="checkbox"/> 10083 I&D BREAST ABSCESS <input type="checkbox"/> 19100 NEEDLE BIOPSY, BREAST MASS						BIOPSY <input type="checkbox"/> 20200 MUSCLE (SUPERFICIAL) <input type="checkbox"/> 64796 NERVE <input type="checkbox"/> 32000 THORACENTESIS, DIAGNOSTIC <input type="checkbox"/> 32020 TUBE THORACOSTOMY <input type="checkbox"/> 48600 ANOSCOPY <input type="checkbox"/> 43450 ESOPHAGEAL DILATION <input type="checkbox"/> 48200 EXCISION OF FISSURE <input type="checkbox"/> 48330 FLEX SIGMOIDOSCOPY <input type="checkbox"/> 45300 PROCTOSIGMOIDOSCOPY						ARTERIALS <input type="checkbox"/> 93912 ANKLE PRESSURE MEASUREMENTS <input type="checkbox"/> 93870 ARTERIAL DOPPLER STUDY <input type="checkbox"/> 93891 BILAT ARM BP MEASUREMENTS <input type="checkbox"/> 93911 SEG PRESSURE MEASUREMENTS <input type="checkbox"/> 10180 ASPIRATION, ABSCESS <input type="checkbox"/> 90024 EXAM, GENERAL MEDICAL <input type="checkbox"/> 10120 FOREIGN BODY EXCIS/REMOVAL <input type="checkbox"/> 90002 SUTURE REMOVAL <input type="checkbox"/> 12001 SUTURE, WOUND <input type="checkbox"/> 38415 VENIPUNCTURE, ROUTINE <input type="checkbox"/> 38485 VENOUS CATHETERIZATION <input type="checkbox"/> 80606 CONSULTATION						<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12																																																																																																																																	
MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)																																																																																																																																																											
1 st is Follow-up		1 st is Rule/out		1 st 2 nd		1 st 2 nd		1 st 2 nd		1 st 2 nd		1 st 2 nd		1 st 2 nd		1 st 2 nd																																																																																																																																											
1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd																																																																																																																																										
BOIL/CARBUNCLE <input type="checkbox"/> 6809 BOIL/CARBUNCLE <input type="checkbox"/> 949 BURNS, NOS <input type="checkbox"/> 72741 GANGLION, NOS <input type="checkbox"/> 7030 INGROWN NAIL <input type="checkbox"/> 7014 KELOID SCAR <input type="checkbox"/> 21694 NEOPLASM, BENIGN, SKIN/SUBQ <input type="checkbox"/> 173 NEOPLASM, MALIGNANT, SKIN <input type="checkbox"/> 6819 ONYCHIA/PARONYCHIA <input type="checkbox"/> 6850 PILONIDAL CYST <input type="checkbox"/> 70622 SEBACEOUS CYST <input type="checkbox"/> 7070 ULCER, DECUBITUS <input type="checkbox"/> 7071 ULCER, LOWER EXTREMITY <input type="checkbox"/> 45400 ULCER, LE, VENOUS STASIS						<input type="checkbox"/> 4414 ABDOMINAL ANEURYSM W/O RUPT <input type="checkbox"/> 4413 ABDOMINAL ANEURYSM W/RUPT <input type="checkbox"/> 4440 ABDOMINAL AORTA <input type="checkbox"/> 4442 ARTERIES OF EXTREMITIES <input type="checkbox"/> 5570 MESENTERIC ARTERY <input type="checkbox"/> 4402 ARTERIOSCLEROSIS <input type="checkbox"/> 4409 ARTERIES OF EXTREMITIES <input type="checkbox"/> 201 UNSPEC <input type="checkbox"/> 2894 HODGKIN'S DISEASE <input type="checkbox"/> 4572 HYPERSPLENISM <input type="checkbox"/> 4571 LYMPHANGITIS <input type="checkbox"/> 4439 LYMPHEDEMA <input type="checkbox"/> 4511 PERIPHERAL VASCULAR DISEASE, UNSPECIFIED <input type="checkbox"/> 4510 PHLEBITIS/THROMBOPHLEBITIS <input type="checkbox"/> 4510 DEEP VESSELS LOWER EXTREM <input type="checkbox"/> 23925 SUPERFICIAL LOWER EXTREM <input type="checkbox"/> 3530 SOFT TISSUE SARCOMA <input type="checkbox"/> 2875 THORACIC OUTLET SYNDROME <input type="checkbox"/> 454 THROMBOCYTOPENIA (UNSPEC) <input type="checkbox"/> 454 VARICOSE VEINS, LOWER EXTREM						<input type="checkbox"/> 4558 HEMORRHOIDS <input type="checkbox"/> 4557 BLEEDING <input type="checkbox"/> 4556 THROMBOSED <input type="checkbox"/> 4556 W/O COMPLICATIONS <input type="checkbox"/> 86400 INJURY TO LIVER, CLOSED TRAUMA <input type="checkbox"/> 5609 INTEST OBSTRUCTION (UNSPEC) <input type="checkbox"/> 5600 INTUSSUSCEPTION <input type="checkbox"/> 5641 IRRITABLE BOWEL SYNDROME <input type="checkbox"/> 5720 LIVER, ABSCESS <input type="checkbox"/> 2113 NEOPLASM, BENIGN <input type="checkbox"/> 2114 COLON <input type="checkbox"/> 2111 RECTUM AND ANUS <input type="checkbox"/> 1543 STOMACH <input type="checkbox"/> 1509 ANUS <input type="checkbox"/> 1539 ESOPHAGUS <input type="checkbox"/> 1977 LARGE INTEST (NOT RECTUM) <input type="checkbox"/> 157 LIVER <input type="checkbox"/> 1976 PANCREAS <input type="checkbox"/> 1541 PERITONEUM & RETROPERIT (SECONDARY) <input type="checkbox"/> 1519 RECTUM <input type="checkbox"/> 5770 STOMACH <input type="checkbox"/> 5771 PANCREATITIS, ACUTE <input type="checkbox"/> 5601 PANCREATITIS, CHRONIC <input type="checkbox"/> 7505 PARALYTIC ILEUS <input type="checkbox"/> 5691 PYLORIC STENOSIS <input type="checkbox"/> 5691 RECTAL PROLAPSE						<input type="checkbox"/> 919 ABRASION, SCRATCHES <input type="checkbox"/> 8950 AMPUTATION, TOE <input type="checkbox"/> 87995 BITE, ANIMAL <input type="checkbox"/> 94971 BURN, THERMAL <input type="checkbox"/> 94972 <5% BODY SURFACE AREA <input type="checkbox"/> 94973 6-15% BODY SURFACE AREA <input type="checkbox"/> 94973 >16% BODY SURFACE AREA <input type="checkbox"/> 9496 BURNS, CHEMICAL (ALL SITES) <input type="checkbox"/> 949 BURNS, UNSPECIFIED <input type="checkbox"/> 850 CONCUSSION <input type="checkbox"/> 9249 CONTUSION, ALL SITES <input type="checkbox"/> 9299 CRUSHING INJURY <input type="checkbox"/> 7296 FOREIGN BODY IN TISSUE <input type="checkbox"/> 8799 LACERATION <input type="checkbox"/> 87981 COMPLEX <input type="checkbox"/> 87982 SIMPLE (<2 inch) <input type="checkbox"/> 87982 SIMPLE (>2 inch) <input type="checkbox"/> 9598 MULTIPLE TRAUMA <input type="checkbox"/> 869 MULTIPLE TRAUMA, EXTREME <input type="checkbox"/> 87987 INTERNAL <input type="checkbox"/> 87988 WOUND, PUNCTURE <input type="checkbox"/> 87988 WOUND, STAB <input type="checkbox"/> 998 COMPLICATION, SURGICAL <input type="checkbox"/> 7808 PROCEDURE <input type="checkbox"/> 7808 FEVER OF UNKNOWN ORIGIN <input type="checkbox"/> V6554 WORRIED/CONCERNED WELL																																																																																																																																									
BREAST <input type="checkbox"/> 61102 ABSCESS <input type="checkbox"/> 61011 FIBROCYSTIC DISEASE <input type="checkbox"/> 6111 GYNCEOMASTIA <input type="checkbox"/> 61151 IMPLANTS/AUGMENTATION <input type="checkbox"/> 2171 INTRADUCTAL PAPILLOMA <input type="checkbox"/> 61172 MASS <input type="checkbox"/> 174 NEOPLASM, MALIG, FEMALE						THORACIC MALIGNANT NEOPLASM <input type="checkbox"/> 1629 BRONCHUS AND LUNG <input type="checkbox"/> 163 PLEURA <input type="checkbox"/> 1970 METASTATIC TO LUNG <input type="checkbox"/> 5109 EMPYEMA OF LUNG <input type="checkbox"/> 8602 HEMOTHORAX <input type="checkbox"/> 51190 PLEURAL EFFUSION, UNSPEC						GASTROINTESTINAL <input type="checkbox"/> 7890 ABDOMINAL PAIN <input type="checkbox"/> 566 ABSCESS OF ANAL & RECTAL REGIONS <input type="checkbox"/> 5650 ANAL FISSURE <input type="checkbox"/> 5651 ANAL FISTULA <input type="checkbox"/> 541 APPENDICITIS, UNQUALIFIED <input type="checkbox"/> 5750 CHOLECYSTITIS, ACUTE <input type="checkbox"/> 5745 CHOLEDOCHOLITHIASIS <input type="checkbox"/> 5742 CHOLELITHIASIS <input type="checkbox"/> 5715 CIRRHOSIS, NOS <input type="checkbox"/> 55892 COLITIS, IDIOPATHIC <input type="checkbox"/> 5559 CROHN'S DISEASE <input type="checkbox"/> 56211 DIVERTICULITIS OF COLON <input type="checkbox"/> 56210 DIVERTICULOSIS OF COLON <input type="checkbox"/> 5356 DUODENITIS <input type="checkbox"/> 5369 FUNCTIONAL DISOR/STOMACH <input type="checkbox"/> 5355 GASTRITIS <input type="checkbox"/> 55890 GASTROENTERITIS						BENIGITOURINARY <input type="checkbox"/> 600 BENIGN PROSTATIC HYPERTROPHY <input type="checkbox"/> 5997 HEMATURIA <input type="checkbox"/> 60892 TESTICULAR PAIN <input type="checkbox"/> 4564 VARICOCELE																																																																																																																																									
ABDOMEN, PERITONEUM & OMENTUM <input type="checkbox"/> 55300 FEMORAL HERNIA, NOS <input type="checkbox"/> 5301 GASTRIC REFLUX (ESOPHAGITIS) <input type="checkbox"/> 5533 HIATAL HERNIA <input type="checkbox"/> 5501 INGUINAL HERNIA <input type="checkbox"/> 5501 WITH OBSTRUCTION <input type="checkbox"/> 5509 W/O OBSTRUCTION <input type="checkbox"/> 532 ULCER <input type="checkbox"/> 532 DUODENUM <input type="checkbox"/> 5324 DUODENUM (W/HMEMORRH ONLY) <input type="checkbox"/> 5325 DUODENUM (W/PERFOR ONLY) <input type="checkbox"/> 531 STOMACH <input type="checkbox"/> 53142 STOMACH (W/HMEMORRH ONLY) <input type="checkbox"/> 5315 STOMACH (W/PERFOR ONLY) <input type="checkbox"/> 5531 UMBILICAL HERNIA <input type="checkbox"/> 5532 VENTRAL HERNIA <input type="checkbox"/> 5379 OTH DIS OF STOMACH & DUODENUM						UNLISTED REASON FOR VISIT (if not listed in columns above) <table border="1"> <thead> <tr> <th colspan="6">PRIMARY</th> <th colspan="6">SECONDARY</th> </tr> <tr> <th>01</th> <th>02</th> <th>03</th> <th>04</th> <th>05</th> <th>06</th> <th>01</th> <th>02</th> <th>03</th> <th>04</th> <th>05</th> <th>06</th> </tr> </thead> <tbody> <tr> <td>V</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>V</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> </tr> <tr> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> <tr> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> </tr> </tbody> </table>						PRIMARY						SECONDARY						01	02	03	04	05	06	01	02	03	04	05	06	V	0	0	0	0	0	V	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	9	9
PRIMARY						SECONDARY																																																																																																																																																					
01	02	03	04	05	06	01	02	03	04	05	06																																																																																																																																																
V	0	0	0	0	0	V	0	0	0	0	0																																																																																																																																																
1	1	1	1	1	1	1	1	1	1	1	1																																																																																																																																																
2	2	2	2	2	2	2	2	2	2	2	2																																																																																																																																																
3	3	3	3	3	3	3	3	3	3	3	3																																																																																																																																																
4	4	4	4	4	4	4	4	4	4	4	4																																																																																																																																																
5	5	5	5	5	5	5	5	5	5	5	5																																																																																																																																																
6	6	6	6	6	6	6	6	6	6	6	6																																																																																																																																																
7	7	7	7	7	7	7	7	7	7	7	7																																																																																																																																																
8	8	8	8	8	8	8	8	8	8	8	8																																																																																																																																																
9	9	9	9	9	9	9	9	9	9	9	9																																																																																																																																																

GROUP FORM I

PROVIDER #1			PROVIDER #2		
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

TODAY'S DATE	
DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

VISIT COUNT
One for group
OR
One for each entry on GROUP FORM II

UCA DATA			
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

TIME SPENT WITH GROUP	
PROVIDER #1 MINUTES	PROVIDER #2 MINUTES
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

NUMBER ARMY ACTIVE DUTY	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

ONLY ACCEPTABLE MARK



TIME SPENT PREPARATION	
PROVIDER #1 MINUTES	PROVIDER #2 MINUTES
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

NUMBER OTHER ACTIVE DUTY	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

NUMBER RETIRED MILITARY	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

TIME SPENT TRAVEL	
PROVIDER #1 MINUTES	PROVIDER #2 MINUTES
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

NUMBER DEPENDENTS	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

NUMBER CIVILIANS	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

UNIT ID CODE (UIC)			
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

DO NOT MARK IN THIS AREA

CONTINUATION SHEET USED

21149

REASON FOR GROUP


REASON FOR GROUP		REASON FOR GROUP		REASON FOR GROUP	
1. AUDIOLOGY <input type="checkbox"/> AUDIOGRAM, REFERENCE, DD 2215 <input type="checkbox"/> AUDIOGRAM, PERIODIC, DD 2218 <input type="checkbox"/> AURAL REHABILITATION, FOLLOW-UP <input type="checkbox"/> HEARING CONSERVATION CLASS <input type="checkbox"/> NEW HEARING AID PATIENT ORIENTATION		2. COMMUNITY MENTAL HEALTH <input type="checkbox"/> ATTENTION DEFICIT DISORDER GROUP <input type="checkbox"/> BASIC TRAINING SUPPORT GROUP <input type="checkbox"/> COUPLES AND FAMILY THERAPY <input type="checkbox"/> MARITAL GROUP <input type="checkbox"/> SMOKING CESSATION GROUP <input type="checkbox"/> SUICIDE PREVENTION CLASS		3. PHYSICAL THERAPY <input type="checkbox"/> ANKLE CLASS <input type="checkbox"/> ATHLETIC SCREENING <input type="checkbox"/> BACK CLASS <input type="checkbox"/> CARDIAC REHABILITATION CLASS <input type="checkbox"/> "CORRIT" CLASS <input type="checkbox"/> DIABETIC CLASS <input type="checkbox"/> KNEE CLASS <input type="checkbox"/> POOL THERAPY <input type="checkbox"/> PRENATAL EXERCISE CLASS <input type="checkbox"/> WEIGHT FITNESS EDUCATION PROGRAM	
4. CHILD DEVELOPMENT CENTER STAFF ED <input type="checkbox"/> ANTEPARTUM CARE CLASS <input type="checkbox"/> ANTEPARTUM NUTRITION CLASS <input type="checkbox"/> BABYSITTING CLASS <input type="checkbox"/> BREAST FEEDING CLASS <input type="checkbox"/> BREAST SELF EXAM CLASS <input type="checkbox"/> CHILD DEVELOPMENT CENTER STAFF ED <input type="checkbox"/> GENERAL <input type="checkbox"/> MEDICATION DISPENSATION <input type="checkbox"/> CHILD DISCIPLINE CLASS <input type="checkbox"/> CHILD GROWTH & DEVELOPMENT CLASS <input type="checkbox"/> CHILD/HOME SAFETY CLASS <input type="checkbox"/> COMMUNICABLE DISEASE CLASS <input type="checkbox"/> GENERAL <input type="checkbox"/> PEDIATRIC <input type="checkbox"/> CONTRACEPTION CLASS <input type="checkbox"/> EXPECTANT PARENTS CLASS <input type="checkbox"/> FAMILY DENTAL CARE CLASS <input type="checkbox"/> FAMILY PLANNING CLASS <input type="checkbox"/> FEMALE HEALTH CLASS <input type="checkbox"/> FIRST AID CLASS <input type="checkbox"/> HEALTHY LIFESTYLE/WELLNESS CLASS <input type="checkbox"/> HTLV-III/HIV EDUCATION <input type="checkbox"/> LIFE STYLE IMPACTS ON FITNESS/HEALTH CLASS <input type="checkbox"/> MATERNAL & INFANT CARE CLASS (2 WEEK WELL BABY) <input type="checkbox"/> OB ORIENTATION <input type="checkbox"/> PEDIATRIC ILLNESS HOME CARE CLASS <input type="checkbox"/> POST PARTUM EXERCISE CLASS <input type="checkbox"/> PREVENTION OF COLD INJURY CLASS <input type="checkbox"/> PREVENTION OF HEAT INJURY CLASS <input type="checkbox"/> RUBELLA ISSUES IN HEALTH CARE CLASS <input type="checkbox"/> SINGLE PARENT OB CLASS <input type="checkbox"/> SMOKING CESSATION CLASS <input type="checkbox"/> STD CLASS <input type="checkbox"/> TESTICULAR SELF EXAM CLASS <input type="checkbox"/> TROPIC HEALTH EDUCATION		5. DIABETIC CLASS, FOLLOW-UP <input type="checkbox"/> "NEW HORIZONS" CLASS <input type="checkbox"/> DIABETES CLASS <input type="checkbox"/> HOME GLUCOSE MONITORING CLASS <input type="checkbox"/> HYPERTENSION CLASS <input type="checkbox"/> INSULIN INSTRUCTION CLASS <input type="checkbox"/> SMOKING CESSATION CLASS 6. DIABETIC CLASS, INITIAL <input type="checkbox"/> DIABETIC CLASS, FOLLOW-UP <input type="checkbox"/> DIABETIC CLASS, INITIAL <input type="checkbox"/> EXPECTANT PARENT CLASS <input type="checkbox"/> NUTRITION FOR ONCOLOGY PATIENT ("I CAN COPE" PROGRAM) <input type="checkbox"/> PERSONAL IMPROVEMENT PROGRAM <input type="checkbox"/> POST PARTUM NUTRITION CLASS <input type="checkbox"/> PRENATAL NUTRITION CLASS <input type="checkbox"/> PRENATAL NUTRITION CLASS-SINGLE PARENT <input type="checkbox"/> PRUDENT DIET CLASS <input type="checkbox"/> WEIGHT REDUCTION CLASS, ACTIVE DUTY (AWCP) <input type="checkbox"/> WEIGHT REDUCTION CLASS, INITIAL <input type="checkbox"/> WT REDUCTION CLASS, FOLLOW-UP <input type="checkbox"/> WELL BABY NUTRITION CLASS (2-12 MONTHS) <input type="checkbox"/> WELLNESS/NUTRITION CLASS		7. BIOFEEDBACK GROUP <input type="checkbox"/> BIOFEEDBACK GROUP <input type="checkbox"/> BURNOUT GROUP <input type="checkbox"/> CARDIAC REHABILITATION GROUP <input type="checkbox"/> OVERWEIGHT GROUP <input type="checkbox"/> PSYCHOTHERAPY GROUP <input type="checkbox"/> STRESS MANAGEMENT GROUP <input type="checkbox"/> SUPPORT GROUP 8. ANGER MANAGEMENT GROUP <input type="checkbox"/> ANGER MANAGEMENT GROUP <input type="checkbox"/> EFMP FAMILY MEMBER DEPLOYMENT <input type="checkbox"/> FACMT STAFF GROUP <input type="checkbox"/> SCREENING GROUP <input type="checkbox"/> STRESS MANAGEMENT GROUP <input type="checkbox"/> SUPPORT GROUP FOR BURN VICTIMS & FAMILIES <input type="checkbox"/> SUPPORT GROUP FOR OLDER MENTAL HEALTH PATIENTS 9. EFMP CODING <input type="checkbox"/> EFMP CODING	
10. OB REGISTRATION CLASS <input type="checkbox"/> OB REGISTRATION CLASS <input type="checkbox"/> PRENATAL EXERCISE CLASS <input type="checkbox"/> SINGLE PARENTS CLASS		11. OCCUPATIONAL THERAPY <input type="checkbox"/> CLINIC ACTIVITIES GROUP <input type="checkbox"/> GROUP THERAPY <input type="checkbox"/> LIFE SKILLS GROUP <input type="checkbox"/> PHYSICAL RECONDITION ACTIVITIES GROUP <input type="checkbox"/> STRESS MANAGEMENT GROUP <input type="checkbox"/> WORK THERAPY		12. MISCELLANEOUS <input type="checkbox"/> MISCELLANEOUS	



UNLISTED REASON FOR GROUP									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

GROUP FORM II

SERIAL NUMBER FROM GROUP FORM I									
0	0	0	0	0	0				
1	1	1	1	1	1				
2	2	2	2	2	2				
3	3	3	3	3	3				
4	4	4	4	4	4				
5	5	5	5	5	5				
6	6	6	6	6	6				
7	7	7	7	7	7				
8	8	8	8	8	8				
9	9	9	9	9	9				

MARKING INSTRUCTIONS



- DO NOT USE INK OR BALLPOINT PEN.
- COMPLETELY FILL OVALS WITH DARK MARKS.
- ERASE CLEANLY AND MAKE NO STRAY MARKS.
- DO NOT FOLD THIS FORM.
- MARKING EXAMPLES:
 ONLY CORRECT MARK 
 INCORRECT MARKS 

PATIENT FMP		SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

PATIENT FMP		SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

PATIENT FMP		SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

PATIENT FMP		SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

PATIENT FMP		SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

PATIENT FMP		SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

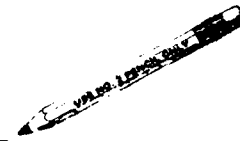
PATIENT FMP		SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

GYN PATIENT (BCBA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE	
DAY	MONTH
0 0	Jan
1 1	Feb
2 2	Mar
3 3	Apr
4 4	May
5 5	Jun
6 6	Jul
7 7	Aug
8 8	Sep
9 9	Oct
	Nov
	Dec

FMP
0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

SPONSOR'S SSN											
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

OTHER UCA	
<input type="radio"/> BGYA	<input type="radio"/> BGYN
<input type="radio"/> BCAA	

IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
Other (1, 2, 3)

VISIT COUNT
0
2
3
4
5
6
7
8
9

UCA CODE (if not above)
B A A A
D C C C
F E E E
G G G G
H H H H
I I I I
J J J J
K K K K
L L L L
M M M M
N N N N
O O O O
P P P P
Q Q Q Q
R R R R
S S S S
T T T T
U U U U
V V V V
W W W W
X X X X
Y Y Y Y
Z Z Z Z

INPATIENT OR REFERRAL CODE
A A A A
B B B B
C C C C
D D D D
E E E E
F F F F
G G G G
H H H H
I I I I
J J J J
K K K K
L L L L
M M M M
N N N N
O O O O
P P P P
Q Q Q Q
R R R R
S S S S
T T T T
U U U U
V V V V
W W W W
X X X X
Y Y Y Y
Z Z Z Z

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
A N 1 1 1 1	2 minutes	A N 1 1 1 1
B O 2 2 2 2	5 minutes	B O 2 2 2 2
C P 3 3 3 3	10 minutes	C P 3 3 3 3
D Q 4 4 4 4	15 minutes	D Q 4 4 4 4
E R 5 5 5 5	20 minutes	E R 5 5 5 5
F S 6 6 6 6	30 minutes	F S 6 6 6 6
G T 7 7 7 7	45 minutes	G T 7 7 7 7
H U 8 8 8 8	1 hour	H U 8 8 8 8
I V 9 9 9 9	1 1/2 hours	I V 9 9 9 9
J W	2 hours	J W
K X	2 1/2 hours	K X
L Y	3 hours	L Y
M Z	3 1/2 hours	M Z
	4 hours	
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON FOR #2 CARE PROVIDER
<input type="radio"/> Teaching/Supervision
<input type="radio"/> Consultation
<input type="radio"/> Procedure/Treatment
Other (1, 2, 3)

JOB REL ILL/INJ (not LOD det)
Yes

MILITARY ONLY
<input type="radio"/> DUTY QUARTERS:
<input type="radio"/> 24 hours
<input type="radio"/> 48 hours
<input type="radio"/> 72 hours
PROFILE:
<input type="radio"/> 1-3 days
<input type="radio"/> 4-7 days
<input type="radio"/> 8-14 days
<input type="radio"/> > 14 days
<input type="radio"/> LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
1
2
3
4
5
6
7
8
9

NOT AVAILABLE
<input type="radio"/> Medical record
<input type="radio"/> Lab results
<input type="radio"/> X-Rays

DO NOT MARK IN THIS AREA	32691
--------------------------	-------

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES			
PROVIDER 1		PROVIDER 2		PROVIDER 1		PROVIDER 2	
#1	#2	#1	#2	#1	#2	#1	#2
<input type="checkbox"/> 58420 BARTHOLIN I&D	<input type="checkbox"/> 80011 DRESSING CHANGE	<input type="checkbox"/> 57840 INSERTION, ENDOCERVICAL TENT	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES
<input type="checkbox"/> 58440 BARTHOLIN MARSUPIALIZATION	<input type="checkbox"/> 57505 ENDOCERVICAL CURETTAGE	<input type="checkbox"/> 58300 IUD, INSERTION	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES
<input type="checkbox"/> 58421 BARTHOLIN'S WORD CATH	<input type="checkbox"/> 58102 ENDOMETRIAL CURETTAGE (BIOPSY)	<input type="checkbox"/> 58302 IUD, CHECK	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES
<input type="checkbox"/> 57500 BIOPSY, CERVICAL	EXAMS	<input type="checkbox"/> 58301 IUD, REMOVAL	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES
<input type="checkbox"/> 57100 BIOPSY, VAGINAL	<input type="checkbox"/> 80013 BREAST	<input type="checkbox"/> 87215 KOH PREP/WET MOUNT	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES
<input type="checkbox"/> 58600 BIOPSY, VULVAR	<input type="checkbox"/> 80018 EXAM AND OBSERVATION	<input type="checkbox"/> 57513 LASER THERAPY, CERVIX	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES
<input type="checkbox"/> 53870 CATHETERIZATION, URETHRAL	<input type="checkbox"/> 80033 HISTORY W/O PHYSICAL	<input type="checkbox"/> 57057 LASER THERAPY, VAGINA	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES
<input type="checkbox"/> 57630 CATHETERIZATION, CERVIX	<input type="checkbox"/> 80012 INITIAL OB HISTORY/EXAM	<input type="checkbox"/> 58507 LASER THERAPY, VULVA	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES
<input type="checkbox"/> 53874 CATHETER CHANGE	<input type="checkbox"/> 80028 PARTIAL PHYSICAL, OB/GYN	<input type="checkbox"/> 57180 PESSARY FITTING	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES
<input type="checkbox"/> 57512 CAUTERIZATION, CHEMICAL	<input type="checkbox"/> 80032 PELVIC	<input type="checkbox"/> 58993 POSTCOITAL TEST	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES
<input type="checkbox"/> 57452 COLPOSCOPY	<input type="checkbox"/> 80026 PELVIC/PAP	<input type="checkbox"/> 89027 POST-OP EXAM	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES
<input type="checkbox"/> 89155 COUNSELING	<input type="checkbox"/> 80027 PHYSICAL COMPLETE, OB/GYN	<input type="checkbox"/> 82988 PREG DETERM-QUALITATIVE	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES
<input type="checkbox"/> 89157 COUNSELING, NURSE-PATIENT	<input type="checkbox"/> 58430 ROUTINE POSTPARTUM CARE	<input type="checkbox"/> 82987 PREG DETERM-QUANTITATIVE	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES
<input type="checkbox"/> 17340 CRYOTHERAPY	<input type="checkbox"/> 58350 HYDROTUBATION	<input type="checkbox"/> 58100 SUCTION CURETTAGE	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES
<input type="checkbox"/> 67020 CULDOCENTESIS	<input type="checkbox"/> 58340 HYSTEROSALPINGOGRAM	<input type="checkbox"/> 90002 SUTURE REMOVAL	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES
<input type="checkbox"/> 87070 CULTURE BACTERIAL, ANY SOURCE	<input type="checkbox"/> 58990 HYSTEROGRAPHY	<input type="checkbox"/> 76808 ULTRASOUND, PELVIC, OB	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES
<input type="checkbox"/> 88595 CULTURE FOR TISSUE	<input type="checkbox"/> 58400 I&D, VULVA	<input type="checkbox"/> 81000 URINE MICRO	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES
<input type="checkbox"/> 57170 DIAPHRAGM FITTING	<input type="checkbox"/> 90782 INJECTION	<input type="checkbox"/> 51725 URODYNAMICS, CMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES	<input type="checkbox"/> 51785 URODYNAMICS, EMG STUDIES	<input type="checkbox"/> 51786 URODYNAMICS, UFR STUDIES
MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)				ADMITTED			
1* is Follow-up 1* is Rule-out		1* 2*		1* 2*		1* 2*	
<input type="checkbox"/> 6221 DYSPLASIA, CERVIX		<input type="checkbox"/> 62711 POSTMENOPAUSAL BLEEDING WITH HORMONAL THERAPY		<input type="checkbox"/> 61613 VULVOVAGINITIS		<input type="checkbox"/> 6148 PELVIC PERITONEAL ADHESIONS	
<input type="checkbox"/> 628 INFERTILITY, FEMALE		<input type="checkbox"/> 62712 POSTMENOPAUSAL BLEEDING WITHOUT HORMONAL THERAPY		<input type="checkbox"/> 6164 OTHER ABSCESS		<input type="checkbox"/> 6140 SALPINGITIS/OOPHORITIS, ACUTE	
<input type="checkbox"/> 6262 MENOMETRORRHAGIA		<input type="checkbox"/> 6280 ANOVULATION		<input type="checkbox"/> 75240 ANOMALY, CONGENITAL		<input type="checkbox"/> 6141 SALPINGITIS/OOPHORITIS, CHRONIC	
<input type="checkbox"/> 6272 MENOPAUSAL SYMPTOMS		<input type="checkbox"/> 6116 GALACTORRHEA-NOT W/CHILDBIRTH		<input type="checkbox"/> 23332 CIS, VAGINA		ABORTION	
<input type="checkbox"/> 1121 MONILIASIS, VULVA & VAGINA		<input type="checkbox"/> 7041 HIRUTISM		<input type="checkbox"/> 07812 CONDYLOMATA		<input type="checkbox"/> 632 ABORTION, MISSED	
<input type="checkbox"/> V2501 ORAL CONTRACEPTIVES		<input type="checkbox"/> 628 INFERTILITY, FEMALE		<input type="checkbox"/> 8230 DYSPLASIA		<input type="checkbox"/> 634 ABORTION, SPONTANEOUS	
<input type="checkbox"/> 625 PELVIC PAIN		<input type="checkbox"/> 2584 POLYCYSTIC OVARIES		<input type="checkbox"/> 9392 FOREIGN BODY		<input type="checkbox"/> 63471 ABORTION, SPONTANEOUS INCOMP	
<input type="checkbox"/> V724 POSSIBLE PREGNANCY		<input type="checkbox"/> 2552 VIRILIZATION		<input type="checkbox"/> 1121 MONILIASIS		<input type="checkbox"/> 6400 ABORTION, THREATENED	
<input type="checkbox"/> V22 PREGNANCY, NORMAL		<input type="checkbox"/> 61172 BREAST MASS		<input type="checkbox"/> 1840 NEOPLASM, MALIGNANT		<input type="checkbox"/> 635 VOLUNTARY INTERRUPT PREGNANCY	
<input type="checkbox"/> 61612 VAGINITIS, NOS		<input type="checkbox"/> 8101 DIFFUSE CYSTIC MASTOPATHY		<input type="checkbox"/> 6191 RECTO-VAGINAL FISTULA		PREGNANCY	
<input type="checkbox"/> 7950 ABNORMAL PAP SMEAR		<input type="checkbox"/> 8102 FIBROADENOSIS		<input type="checkbox"/> 13101 TRICHOMONIASIS		<input type="checkbox"/> 75249 ANOMALY, CONGENITAL, FEMALE, NOS	
<input type="checkbox"/> 5750 CHOLECYSTITIS		<input type="checkbox"/> 61011 FIBROCYSTIC DISEASE		<input type="checkbox"/> 61615 VAGINITIS, BACTERIAL		<input type="checkbox"/> 633 PREGNANCY, ECTOPIC	
<input type="checkbox"/> V2509 CONTRACEPTIVE GUIDANCE, GEN		<input type="checkbox"/> 61103 INFECTION, LOCALIZED		<input type="checkbox"/> 8273 VAGINITIS, SENILE (ATROPHIC)		<input type="checkbox"/> V22 PREGNANCY, NORMAL	
<input type="checkbox"/> V2549 CONTRACEPTIVE METHODS, OTHER		<input type="checkbox"/> 81101 MASTITIS		<input type="checkbox"/> 61612 VAGINITIS, NOS		<input type="checkbox"/> V23 PREGNANCY, HIGH-RISK	
<input type="checkbox"/> V2502 DIAPHRAGM FITTING		<input type="checkbox"/> 6117 MASTODYNIA		CERVIX		POSTPARTUM	
<input type="checkbox"/> V252 ELECTIVE STERILIZATION		<input type="checkbox"/> 1749 NEOPLASM, MALIGNANT		<input type="checkbox"/> 75243 ANOMALY, CONGENITAL		<input type="checkbox"/> 6662 DELAYED & POSTPARTUM HEMORRHAGE	
<input type="checkbox"/> 62381 FUNCTIONAL CYST		<input type="checkbox"/> 6100 SOLITARY CYST		<input type="checkbox"/> 2331 CIS, CERVIX		<input type="checkbox"/> V242 POSTPARTUM CARE	
<input type="checkbox"/> V253 GENETIC COUNSELING		PELVIC SUPPORTING STRUCTURES		<input type="checkbox"/> 8227 CERVICAL POLYP		<input type="checkbox"/> 67522 PUERPERAL MASTITIS	
<input type="checkbox"/> V251 INTRAUTERINE DEVICE INSERTION		<input type="checkbox"/> 6180 CYSTOCELE, RECTOCELE		<input type="checkbox"/> 6160 CERVICITIS AND ENDOCERVICITIS		SYSTEMIC ILLNESS	
<input type="checkbox"/> 993 MEDICAL CARE COMPLICATION		<input type="checkbox"/> 6188 ENTEROCELE		<input type="checkbox"/> 07815 CONDYLOMATA		<input type="checkbox"/> 7830 ANOREXIA	
<input type="checkbox"/> 6149 PELVIC INFLAMMATORY DISEASE		<input type="checkbox"/> 6188 PELVIC RELAXATION		<input type="checkbox"/> 6221 DYSPLASIA		<input type="checkbox"/> 493 ASTHMA, UNSPEC	
<input type="checkbox"/> V724 POSSIBLE PREGNANCY		<input type="checkbox"/> 6181 UTERINE PROLAPSE		<input type="checkbox"/> 6220 EROSION/ECTROPION		<input type="checkbox"/> 7109 COLLAGEN DISEASE	
<input type="checkbox"/> 99632 RETAINED/LOST IUD		UTERUS		<input type="checkbox"/> 8545 INCOMPETENT CERVIX		<input type="checkbox"/> 2599 ENDOCRINE DISORDER	
<input type="checkbox"/> 998 SURGICAL CARE COMPLICATION		<input type="checkbox"/> 6170 ADENOMYOSIS		<input type="checkbox"/> 1809 NEOPLASM, MALIGNANT		<input type="checkbox"/> 5369 GASTROINTESTINAL DISEASE	
<input type="checkbox"/> SEXUALLY TRANSMITTED DISEASES		<input type="checkbox"/> 7523 ANOMALY, CONGENITAL		<input type="checkbox"/> 6224 STRICTURE AND STENOSIS		<input type="checkbox"/> 2827 HEMOGLOBINOPATHY	
<input type="checkbox"/> 07981 CHLAMYDIA		<input type="checkbox"/> 62131 ENDOMETRIAL ADENOMATOUS HYPERPLASIA		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, CHRONIC		<input type="checkbox"/> 5733 HEPATITIS	
<input type="checkbox"/> 098 GONORRHEA		<input type="checkbox"/> 62102 ENDOMETRIAL POLYP		<input type="checkbox"/> 6150 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 05410 HERPES GENITALIS	
<input type="checkbox"/> 05410 HERPES GENITALIS		<input type="checkbox"/> 62151 INFLAMMATORY DISEASE, CHRONIC		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 401 HYPERTENSION	
<input type="checkbox"/> 0910 SYPHILIS		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 486 PNEUMONIA	
<input type="checkbox"/> 0999 OTHER		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 5199 PULMONARY DISEASE	
FUNCTIONAL DISORDER		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 59392 RENAL DISEASE	
<input type="checkbox"/> 6253 DYSMENORRHEA		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 7803 SEIZURE DISORDER	
<input type="checkbox"/> 6250 DYSpareunia		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 7100 SYSTEMIC LUPUS ERYTHEMATOSIS	
<input type="checkbox"/> 6272 MENOPAUSAL SYMPTOMS		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 44490 THROMBOEMBOLISM	
<input type="checkbox"/> 6252 MITTELSCHMERZ		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> V6554 WORRIED CONCERNED/WELL	
<input type="checkbox"/> 625 PELVIC PAIN		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> V6555 HEALTH MAINTENANCE/Wellness	
<input type="checkbox"/> 2563 PREMATURE MENOPAUSE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		UNLISTED REASON FOR VISIT	
<input type="checkbox"/> 6254 PREMENSTRUAL TENSION SYND		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		(if not listed in columns above)	
MENTRUAL DISORDERS		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		PRIMARY	
<input type="checkbox"/> 62601 AMENORRHEA, PRIMARY		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		SECONDARY	
<input type="checkbox"/> 62602 AMENORRHEA, SECONDARY		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 62682 BREAKTHROUGH BLEEDING, PILL		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 62683 DYSFUNCTIONAL UTERINE BLEEDING		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 8261 HYPO/OLIGOMENORRHEA		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 8262 MENOMETRORRHAGIA		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> MENORRAGIA, POLYMERORRHEA		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 8266 METRORRAGIA		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 6267 POSTCOITAL BLEEDING		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 80011 DRESSING CHANGE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 57505 ENDOCERVICAL CURETTAGE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 58102 ENDOMETRIAL CURETTAGE (BIOPSY)		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
EXAMS		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 80013 BREAST		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 80018 EXAM AND OBSERVATION		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 80033 HISTORY W/O PHYSICAL		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 80012 INITIAL OB HISTORY/EXAM		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 80028 PARTIAL PHYSICAL, OB/GYN		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 80032 PELVIC		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 80026 PELVIC/PAP		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 80027 PHYSICAL COMPLETE, OB/GYN		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 58430 ROUTINE POSTPARTUM CARE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 58350 HYDROTUBATION		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 58340 HYSTEROSALPINGOGRAM		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 58990 HYSTEROGRAPHY		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 58400 I&D, VULVA		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 90782 INJECTION		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 57840 INSERTION, ENDOCERVICAL TENT		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 58300 IUD, INSERTION		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 58302 IUD, CHECK		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 58301 IUD, REMOVAL		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE	
<input type="checkbox"/> 87215 KOH PREP/WET MOUNT		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE		<input type="checkbox"/> 6215 INFLAMMATORY DISEASE, ACUTE			

PATIENT INFORMATION										PROCEDURES		SPECIFIC PREASSIGNED CLINIC CODES
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HiB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (ISG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90746 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus </div> <div> <input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec. </div> </div>										<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PATIENT INFORMATION										PROCEDURES		SPECIFIC PREASSIGNED CLINIC CODES
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HiB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (ISG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90746 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus </div> <div> <input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec. </div> </div>										<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PATIENT INFORMATION										PROCEDURES		SPECIFIC PREASSIGNED CLINIC CODES
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HiB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (ISG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90746 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus </div> <div> <input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec. </div> </div>										<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

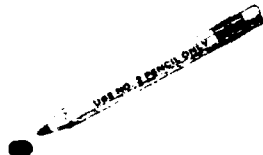
PATIENT INFORMATION										PROCEDURES		SPECIFIC PREASSIGNED CLINIC CODES
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HiB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (ISG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90746 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus </div> <div> <input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec. </div> </div>										<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

INFECTIOUS DISEASE PATIENT (BAQA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE	
DAY	MONTH
1	Jan
2	Feb
3	Mar
4	Apr
5	May
6	Jun
7	Jul
8	Aug
9	Sep
0	Oct
1	Nov
2	Dec

FMP
0
1
2
3
4
5
6
7
8
9

SPONSOR'S SSN									
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
Other 1 2 3

VISIT COUNT

- 0
1
2
3
4
5
6
7
8
9

UCA CODE

(if not above)

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

INPATIENT OR REFERRAL CODE

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
0	0	2 minutes	0	0
1	1	5 minutes	1	1
2	2	10 minutes	2	2
3	3	15 minutes	3	3
4	4	20 minutes	4	4
5	5	30 minutes	5	5
6	6	45 minutes	6	6
7	7	1 hour	7	7
8	8	1 1/2 hours	8	8
9	9	2 hours	9	9
0	0	2 1/2 hours	0	0
1	1	3 hours	1	1
2	2	3 1/2 hours	2	2
3	3	4 hours	3	3
4	4	4 1/2 hours	4	4
5	5	5 hours	5	5
6	6	5 1/2 hours	6	6
7	7	6 hours	7	7
8	8	6 1/2 hours	8	8
9	9	7 hours	9	9
0	0	7 1/2 hours	0	0
1	1	8 hours	1	1

REASON FOR #2 CARE PROVIDER

- ☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
Other 1 2 3

JOB REL ILL/INJ (not LOD det)

Yes

MILITARY ONLY

- ☐ DUTY
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

- 1
2
3
4
5
6
7
8
9

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays

DO NOT MARK IN THIS AREA

5448

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
PROVIDER 1	PROVIDER 2	PROVIDER 3	PROVIDER 2	PROVIDER 2
01-02	01-02	01-02	Yes	Yes
INTERVIEW COUNSELING <input type="checkbox"/> 07020 COUNSELING, FOREIGN TRAVEL <input type="checkbox"/> 07011 COUNSELING, HEALTH FITNESS <input type="checkbox"/> 07019 COUNSELING, INFECTIOUS DISEASE PREVENTION <input type="checkbox"/> 07070 INTERVIEW, STD CONTACT <input type="checkbox"/> 07035 STD CLINIC	LAB <input type="checkbox"/> 87070 CULTURE, BACTERIAL ANY SOURCE <input type="checkbox"/> 87205 GRAM STAIN & INTERPRETATION <input type="checkbox"/> 87215 KOH PREP/WET MOUNT (BOTH) <input checked="" type="checkbox"/> 87000 MICROSCOPIC EXAM, ARTHROPOD <input type="checkbox"/> 87889 TZANK STAIN	OTHER <input type="checkbox"/> 15792 ACID TREATMENT <input type="checkbox"/> 17340 CRYOTHERAPY <input type="checkbox"/> 90788 INJECTION, THERAPEUTIC <input type="checkbox"/> 82270 LUMBAR PUNCTURE <input type="checkbox"/> 88582 TB SKIN TEST (READ) <input type="checkbox"/> 88580 TB SKIN TEST INTRAD (ADMIN) <input type="checkbox"/> 90805 CONSULTATION	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)			
1*	2*	1*	2*
<input type="checkbox"/> 042 AIDS <input type="checkbox"/> 27918 HIV POSITIVE <input type="checkbox"/> 075 MONONUCLEOSIS INFECTIOUS <input type="checkbox"/> 1309 TOXOPLASMOSIS <input type="checkbox"/> 27914 AIDS SECONDARY TO RETROVIRUS <input type="checkbox"/> 27915 INFEC HTLV-III TYPE <input type="checkbox"/> 27915 NOT HTLV-III <input type="checkbox"/> 27915 HTLV-III ANTIBODY+ <input type="checkbox"/> V7370 WALTER REED STAGE 0 <input type="checkbox"/> V7371 WALTER REED STAGE 1 <input type="checkbox"/> V7372 WALTER REED STAGE 2 <input type="checkbox"/> V7373 WALTER REED STAGE 3 <input type="checkbox"/> V7374 WALTER REED STAGE 4 <input type="checkbox"/> V7375 WALTER REED STAGE 5 <input type="checkbox"/> V7376 WALTER REED STAGE 6 <input type="checkbox"/> V7379 HTLV-III STAGE UNSPECIFIED	<input type="checkbox"/> 3228 MENINGITIS, UNSPEC <input type="checkbox"/> 320 MENINGITIS, BACTERIAL, NOS <input type="checkbox"/> 0479 MENINGITIS, VIRAL (ASEPTIC) <input type="checkbox"/> 0092 DIARRHEA, INFECTIOUS <input type="checkbox"/> 128 PARASITE INTESTINE, NOS <input type="checkbox"/> 5890 URINARY TRACT INFECTION <input type="checkbox"/> 0994 URETHRITIS, NONSPECIFIC <input type="checkbox"/> 0701 HEPATITIS A <input type="checkbox"/> 0703 HEPATITIS B <input type="checkbox"/> 5733 HEPATITIS, UNSPECIFIED <input type="checkbox"/> 0846 MALARIA <input type="checkbox"/> 4211 ENDOCARDITIS, ACUTE/SUB INF <input type="checkbox"/> V0732 ENDOCARDITIS, PROPHYLAXIS <input type="checkbox"/> 481 PNEUMONIA, PNEUMOCOCCAL <input type="checkbox"/> 480 PNEUMONIA, VIRAL <input type="checkbox"/> 486 PNEUMONIA, UNSPEC	<input type="checkbox"/> 8180 CERVICITIS/ENDOCERVICITIS <input type="checkbox"/> 8149 PELVIC INFLAMMATORY DISEASE <input type="checkbox"/> 81812 VAGINITIS, NOS <input type="checkbox"/> 03191 ATYPICAL MYCOBACTERIAL INFECT <input type="checkbox"/> 018 MILIARY, DISSEMINATED <input type="checkbox"/> 0118 PULMONARY <input type="checkbox"/> 0180 RENAL <input type="checkbox"/> 7895 TUBERCULIN POSITIVE <input type="checkbox"/> 4871 INFLUENZA <input type="checkbox"/> 0739 PSITTACOSIS <input type="checkbox"/> 481 SINUSITIS, ACUTE <input type="checkbox"/> 473 SINUSITIS, CHRONIC <input type="checkbox"/> 4659 UPPER RESPIRATORY INFECTION, ACUTE <input type="checkbox"/> 0799 VIRAL SYNDROME, NOS <input type="checkbox"/> V019 CONTACT INFECTIOUS/PARASITIC DISEASE <input type="checkbox"/> 7806 FEVER OF UNKNOWN ORIGIN <input type="checkbox"/> V0171 HEPATITIS EXPOSURE <input type="checkbox"/> V6580 INTERNATIONAL TRAVEL <input type="checkbox"/> V6554 WORRIED/CONCERNED WELL	<input type="checkbox"/> 03990 ACTINOMYCOSIS <input type="checkbox"/> 1150 BLASTOMYCOSIS <input type="checkbox"/> 1129 CANDIDIASIS, LOCAL <input type="checkbox"/> 1125 CANDIDIASIS, DISSEMINATED <input type="checkbox"/> 114 COCCIDIOIDOMYCOSIS <input type="checkbox"/> 1175 CRYPTOCOCCOSIS <input type="checkbox"/> 115 HISTOPLASMOSIS <input type="checkbox"/> 68291 ABSCESS <input type="checkbox"/> 592 DERMATITIS, CONTACT <input type="checkbox"/> 69292 DERMATITIS, NOS <input type="checkbox"/> 70480 FOLLICULITIS <input type="checkbox"/> 73020 OSTEOMYELITIS <input type="checkbox"/> 1329 PEDICULOSIS, NOS <input type="checkbox"/> 1320 PEDICULOSIS, CAPITIS <input type="checkbox"/> 1330 SCABIES <input type="checkbox"/> 052 VARICELLA (CHICKENPOX)

UNLISTED REASON FOR VISIT (if not listed in columns above)	
PRIMARY	SECONDARY
<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9

OTHER USA

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

[illegible]

IF NOT SCHEDULED

APPOINTMENT STATUS

☐ Unscheduled

☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

☐ Ward

☐ Telephone

☐ Home

Other ☐ ① ☐ ② ☐ ③

**VISIT
COUNT**

0
1
2
3
4
5
6
7
8
9

[illegible]

	INPATIENT OR REFERRAL CODE			
A	A	A	A	A
B	C	C	C	C
C	D	D	D	D
D	E	E	E	E
E	F	F	F	F
F	G	G	G	G
G	H	H	H	H
H	I	I	I	I
I	J	J	J	J
J	K	K	K	K
	L	L	L	L
	M	M	M	M
	N	N	N	N
	O	O	O	O
	P	P	P	P
	Q	Q	Q	Q
	R	R	R	R
	S	S	S	S
	T	T	T	T
	U	U	U	U
	V	V	V	V
	W	W	W	W
	X	X	X	X
	Y	Y	Y	Y
	Z	Z	Z	Z

# 1 CARE PROVIDER	# 1	TIME SPENT WITH PATIENT	# 2	# 2 CARE PROVIDER
	<input type="radio"/>	2 minutes	<input type="radio"/>	
	<input type="radio"/>	5 minutes	<input type="radio"/>	
	<input type="radio"/>	10 minutes	<input type="radio"/>	
	<input type="radio"/>	15 minutes	<input type="radio"/>	
	<input type="radio"/>	20 minutes	<input type="radio"/>	
	<input type="radio"/>	30 minutes	<input type="radio"/>	
	<input type="radio"/>	45 minutes	<input type="radio"/>	
	<input type="radio"/>	1 hour	<input type="radio"/>	
	<input type="radio"/>	1½ hours	<input type="radio"/>	
	<input type="radio"/>	2 hours	<input type="radio"/>	
	<input type="radio"/>	2½ hours	<input type="radio"/>	
	<input type="radio"/>	3 hours	<input type="radio"/>	
	<input type="radio"/>	3½ hours	<input type="radio"/>	
	<input type="radio"/>	4 hours	<input type="radio"/>	
	<input type="radio"/>	4½ hours	<input type="radio"/>	
	<input type="radio"/>	5 hours	<input type="radio"/>	
	<input type="radio"/>	5½ hours	<input type="radio"/>	
	<input type="radio"/>	6 hours	<input type="radio"/>	
	<input type="radio"/>	6½ hours	<input type="radio"/>	
	<input type="radio"/>	7 hours	<input type="radio"/>	
	<input type="radio"/>	7½ hours	<input type="radio"/>	
	<input type="radio"/>	8 hours	<input type="radio"/>	

REASON FOR # 2 CARE PROVIDER

☐ Teaching/Supervision

☐ Consultation

☐ Procedure/Treatment

Other ☐ ☐ ☐

JOB REL ILL/INJ
(not LOD det)
Yes
☐

MILITARY ONLY

☐ **DUTY**
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days

☐ **LIMITED DUTY**

**SPECIFIC
PREASSIGNED
CLINIC
CODES**

①
②
③
④
⑤
⑥
⑦
⑧
⑨

NOT AVAILABLE

☐ Medical record

☐ Lab results

☐ X-Rays

DO NOT MARK IN THIS AREA

41230

OTHER UCA

☐ DGBA

ONLY ACCEPTABLE MARK

[illegible]

☐ Unscheduled
☐ Emergency

☐ Ward
☐ Telephone
☐ Home
 Other ☐

①
②
③
④
⑤
⑥
⑦
⑧
⑨

B A A A
 B B B
 D C C C
 D D D
 F B B B
 F F F F
 G G G G
 H H H H
 S I I I
 J J J
 K K K
 L L
 M M
 N N
 O O
 P P
 Q Q
 R R
 S S
 T T
 U U
 V V
 W W
 X X
 Y Y
 Z Z

A	A	A	A	A
B	B	B	B	B
C	C	C	C	C
D	D	D	D	D
E	E	E	E	E
F	F	F	F	F
G	G	G	G	G
H	H	H	H	H
I	I	I	I	I
J	J	J	J	J
K	K	K	K	K
L	L	L	L	L
M	M	M	M	M
N	N	N	N	N
O	O	O	O	O
P	P	P	P	P
Q	Q	Q	Q	Q
R	R	R	R	R
S	S	S	S	S
T	T	T	T	T
U	U	U	U	U
V	V	V	V	V
W	W	W	W	W
X	X	X	X	X
Y	Y	Y	Y	Y
Z	Z	Z	Z	Z

# 1 CARE PROVIDER	# 1	TIME SPENT WITH PATIENT	# 2	# 2 CARE PROVIDER
	<input type="radio"/>	2 minutes	<input type="radio"/>	
	<input type="radio"/>	5 minutes	<input type="radio"/>	
	<input type="radio"/>	10 minutes	<input type="radio"/>	
	<input type="radio"/>	15 minutes	<input type="radio"/>	
	<input type="radio"/>	20 minutes	<input type="radio"/>	
	<input type="radio"/>	30 minutes	<input type="radio"/>	
	<input type="radio"/>	45 minutes	<input type="radio"/>	
	<input type="radio"/>	1 hour	<input type="radio"/>	
	<input type="radio"/>	1½ hours	<input type="radio"/>	
	<input type="radio"/>	2 hours	<input type="radio"/>	
	<input type="radio"/>	2½ hours	<input type="radio"/>	
	<input type="radio"/>	3 hours	<input type="radio"/>	
	<input type="radio"/>	3½ hours	<input type="radio"/>	
	<input type="radio"/>	4 hours	<input type="radio"/>	
	<input type="radio"/>	4½ hours	<input type="radio"/>	
	<input type="radio"/>	5 hours	<input type="radio"/>	
	<input type="radio"/>	5½ hours	<input type="radio"/>	
	<input type="radio"/>	6 hours	<input type="radio"/>	
	<input type="radio"/>	6½ hours	<input type="radio"/>	
	<input type="radio"/>	7 hours	<input type="radio"/>	
	<input type="radio"/>	7½ hours	<input type="radio"/>	
	<input type="radio"/>	8 hours	<input type="radio"/>	

☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
 Other ☐ ① ☐ ② ☐ ③

Yes
☒

☐ DUTY
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨

☐ Medical record
☐ Lab results
☐ X-Rays

DO NOT MARK IN THIS AREA

4982

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES					
PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER 2 Yes	PROVIDER 2 Yes				
NEPHROLOGY PROCEDURES <input type="checkbox"/> 81000 URINALYSIS <input type="checkbox"/> 81087 URINE GRAM STAIN <input type="checkbox"/> 87089 URINE CULTURE & SENSITIVITY <input type="checkbox"/> 81086 ACID-LOADING TEST <input type="checkbox"/> 78728 CLEARANCE STUDIES <input type="checkbox"/> 78787 PROXIMAL TUBULAR ANALYSIS <input type="checkbox"/> 78798 RENIN-ALDOSTERONE AXIS ANALYSIS <input type="checkbox"/> 81085 URINE PH (OH) <input type="checkbox"/> 81011 WATER DEPRIVATION TEST <input type="checkbox"/> 87021 WATER LOADING TEST <input type="checkbox"/> 80011 DRESSING CHANGE <input type="checkbox"/> 78700 FLUOROSCOPY <input type="checkbox"/> 80002 SUTURE REMOVAL <input type="checkbox"/> 53888 UNSPECIFIED PROCEDURE <input type="checkbox"/> 90606 CONSULTATION			DIALYSIS RELATED PROCEDURES CATHETER PLACEMENT <input type="checkbox"/> 38804 CATHETER/ACCESS PLACEMENT SET-UP <input type="checkbox"/> 38803 FEMORAL, DOUBLE <input type="checkbox"/> 38802 FEMORAL, SINGLE <input type="checkbox"/> 49420 PERCUTANEOUS PERITONEAL DIALYSIS (STYLET) <input type="checkbox"/> 38481 SUBCLAVIAN <input type="checkbox"/> 49422 TENCHKOFF CATHETER PLACEMENT PERITONEAL DIALYSIS <input type="checkbox"/> 80983 COMPLICATED <input type="checkbox"/> 80982 UNCOMPLICATED <input type="checkbox"/> 80981 PEDIATRIC, COMPLICATED <input type="checkbox"/> 80980 PEDIATRIC, UNCOMPLICATED CHRONIC INTERMITTENT <input type="checkbox"/> 90970 COMPLICATED <input type="checkbox"/> 80971 UNCOMPLICATED CHRONIC PEDIATRIC <input type="checkbox"/> 90972 COMPLICATED <input type="checkbox"/> 90973 UNCOMPLICATED CONTINUOUS <input type="checkbox"/> 90974 AMBULATORY <input type="checkbox"/> 90975 CYCLING VASCULAR ACCESS PLACEMENT <input type="checkbox"/> 36800 CHRONIC HEMODIALYSIS <input type="checkbox"/> 36801 CHRONIC PEDIATRIC HEMODIALYSIS		PERITONEAL DIALYSIS RELATED PROCEDURES <input type="checkbox"/> 80986 AFTERCARE, PERITONEAL ACCESS <input type="checkbox"/> 80935 CATHETER CAPPING <input type="checkbox"/> 80938 CATHETER FLUSHING <input type="checkbox"/> 80937 CATHETER MAINTENANCE <input type="checkbox"/> 80938 CATHETER MALFUNCTION EVAL <input type="checkbox"/> 80964 CATHETER X-RAY <input type="checkbox"/> 80011 DRESSING CHANGE <input type="checkbox"/> 38000 INFUSIONS, IV START <input type="checkbox"/> 80745 INJECTION/OBSERVATION <input type="checkbox"/> 80985 LINE CHANGE <input type="checkbox"/> 80939 PERITONEAL DIALYSIS CATHETER BREAK-IN <input type="checkbox"/> 90940 PERITONEAL DIALYSIS CATHETER OPERATING ROOM TIME/FLUSHES <input type="checkbox"/> 90002 SUTURE REMOVAL <input type="checkbox"/> 80933 TRACT/EXIT SITE EVALUATION HEMODIALYSIS RELATED PROCEDURES <input type="checkbox"/> 30987 AFTERCARE, VASCULAR ACCESS <input type="checkbox"/> 80988 CATHETER REMOVAL <input type="checkbox"/> 85348 CLOT TIMES <input type="checkbox"/> 85014 HEMATOCRIT <input type="checkbox"/> 80934 MIXING NONSTANDARD BATH <input type="checkbox"/> 36880 SCRIBNER SHUNT DECLOTTING <input type="checkbox"/> 90981 VASCULAR ACCESS CARE/ DRESSING CHANGE		CONTINUOUS ARTERIAL-VENOUS HEMOFILTRATION (CAVH) <input type="checkbox"/> 80993 INITIATION <input type="checkbox"/> 80998 MAINTENANCE <input type="checkbox"/> 80996 TERMINATION MISCELLANEOUS <input type="checkbox"/> 80605 CONSULTATION <input type="checkbox"/> 80991 HOME HEMODIALYSIS CARE* <input type="checkbox"/> 02407 HOME VISIT <input type="checkbox"/> 90990 PATIENT EDUCATION/ COUNSELING <input type="checkbox"/> 80994 SUPERVISION OF CAPD, HOME/OUTPATIENT <input type="checkbox"/> 90995 TECHNIQUE EVAL, DIALYSIS <input type="checkbox"/> 36430 TRANSFUSION, BLOOD	

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)																																																		
1*	2*	1* 2*																																																
NEPHROLOGY DIAGNOSES ACID-BASE DISORDER <input type="checkbox"/> 27641 RESPIRATORY <input type="checkbox"/> 27642 METABOLIC <input type="checkbox"/> 75331 CONGENITAL ANOMALY, KIDNEY <input type="checkbox"/> 250 DIABETES MELLITUS FLUID/ELECTROLYTE DISORDER <input type="checkbox"/> 2754 CALCIUM DISORDERS <input type="checkbox"/> 2753 HYPERNATREMIA <input type="checkbox"/> 2751 HYPONATREMIA <input type="checkbox"/> 27592 MAGNESIUM DISORDER <input type="checkbox"/> 27651 POTASSIUM DISORDER <input type="checkbox"/> 2779 OTHER, METABOLIC DISORDER GLOMERULONEPHRITIS, PRIMARY <input type="checkbox"/> 5809 ACUTE <input type="checkbox"/> 5829 CHRONIC <input type="checkbox"/> 5834 RAPIDLY PROGRESSIVE HEREDITARY DISORDERS <input type="checkbox"/> 75982 ALPORT'S SYNDROME <input type="checkbox"/> 75311 POLYCYSTIC KIDNEY DISEASE <input type="checkbox"/> 7531 OTHER CYSTIC DISEASE <input type="checkbox"/> 58391 OTHER HEREDITARY RENAL DIS HYPERTENSION, COMPLICATED <input type="checkbox"/> 40593 ALDOSTERONE RELATED <input type="checkbox"/> 22701 PHEOCHROMOCYTOMA <input type="checkbox"/> 40592 RENAL DISEASE ASSOCIATED <input type="checkbox"/> 40591 RENOVASCULAR <input type="checkbox"/> 40598 OTHER <input type="checkbox"/> 4011 HYPERTENSION, UNCOMPLICATED INFECTION <input type="checkbox"/> 5950 CYSTITIS, ACUTE <input type="checkbox"/> 6852 CYSTITIS, CHRONIC <input type="checkbox"/> 6466 PREGNANCY RELATED, GU <input type="checkbox"/> 601 PROSTATITIS <input type="checkbox"/> 5901 PYELONEPHRITIS, ACUTE <input type="checkbox"/> 8899 PYELONEPHRITIS, CHRONIC <input type="checkbox"/> 0160 TUBERCULOSIS, RENAL <input type="checkbox"/> 13691 OTHER INFECTION			METABOLIC BONE DISEASE <input type="checkbox"/> 5882 ALUMINUM RELATED <input type="checkbox"/> 58801 OSTEITIS FIBROSIS <input type="checkbox"/> 2882 OSTEOMALACIA <input type="checkbox"/> 7330 OSTEOPOROSIS <input type="checkbox"/> 5883 OTHER NEOPLASIA, RENAL <input type="checkbox"/> 2230 BENIGN <input type="checkbox"/> 1890 MALIGNANT NEPHRITIS, INTERSTITIAL <input type="checkbox"/> 58089 ACUTE <input type="checkbox"/> 58289 CHRONIC <input type="checkbox"/> 5819 NEPHROTIC SYNDROME <input type="checkbox"/> 3378 NEUROGENIC BLADDER <input type="checkbox"/> 59393 OBSTRUCTIVE DISORDERS <input type="checkbox"/> 8029 PROSTATE DISORDER RENAL FAILURE <input type="checkbox"/> 5841 ACUTE W/O DIALYSIS <input type="checkbox"/> 5842 ACUTE W/DIALYSIS <input type="checkbox"/> 5851 CHRONIC W/O DIALYSIS <input type="checkbox"/> 5852 CHRONIC W/DIALYSIS <input type="checkbox"/> 5861 W/UREMIA OR COMPLICATION RENAL TRANSPLANT <input type="checkbox"/> V5844 AFTERCARE, RENAL TRANSPLANT <input type="checkbox"/> 99681 COMPLICATION <input type="checkbox"/> V7081 DONOR EVALUATION <input type="checkbox"/> V4202 RECIPIENT EVALUATION <input type="checkbox"/> 5920 STONE DISORDERS SYSTEMIC DISEASE, ASSOCIATED <input type="checkbox"/> 2773 AMYLOID <input type="checkbox"/> 44621 GOODPASTURE'S <input type="checkbox"/> 7140 RHEUMATOID ARTHRITIS <input type="checkbox"/> 135 SARCOID <input type="checkbox"/> 7101 SCLERODERMA <input type="checkbox"/> 7102 SJOJREN'S <input type="checkbox"/> 7165 SLE <input type="checkbox"/> 58382 OTHER URINE SEDIMENT ABNORMALITY <input type="checkbox"/> 79171 CYLINDRURIA <input type="checkbox"/> 5997 HEMATURIA <input type="checkbox"/> 7910 PROTEINURIA <input type="checkbox"/> 59902 PYURIA <input type="checkbox"/> 59990 UNSPECIFIED <input type="checkbox"/> 3677 TOXIC NEPHROPATHY		VACUOLITIS <input type="checkbox"/> 28781 HEMOCH-SCHONLEIN <input type="checkbox"/> 4480 POLYARTERITIS NODOSA <input type="checkbox"/> 4484 WEGENER'S GRANULOMATOSIS <input type="checkbox"/> 78631 URIC ACID ABNORMALITY VOLUME <input type="checkbox"/> 2765 DEPLETION <input type="checkbox"/> 2768 OVERLOAD/EDEMA MISCELLANEOUS AFTERCARE <input type="checkbox"/> V5682 HEMODIALYSIS <input type="checkbox"/> V5684 PERITONEAL ACCESS <input type="checkbox"/> V5681 PERITONEAL DIALYSIS <input type="checkbox"/> V5683 VASCULAR ACCESS <input type="checkbox"/> 7245 BACK PAIN COMPLICATION <input type="checkbox"/> 98891 HEMODIALYSIS <input type="checkbox"/> 98892 PERITONEAL DIALYSIS <input type="checkbox"/> 84820 PREGNANCY <input type="checkbox"/> 7881 DYSURIA <input type="checkbox"/> 78842 NOCTURIA <input type="checkbox"/> 78841 POLYURIA <input type="checkbox"/> V6554 WORRIED/CONCERNED WELL																																													
DIALYSIS RELATED DIAGNOSES <input type="checkbox"/> 2784 ACID/BASE ABNORMALITY <input type="checkbox"/> 250 DIABETES MELLITUS <input type="checkbox"/> V7081 DONOR EVAL RENAL TRANSPLANT <input type="checkbox"/> 5860 END-STAGE RENAL DISEASE <input type="checkbox"/> 27690 FLUID/ELECTROLYTE ABNORMALITY <input type="checkbox"/> 4059 HYPERTENSION <input type="checkbox"/> 97790 POISONING <input type="checkbox"/> V4202 RECIPIENT EVAL RENAL TRANSPLANT <input type="checkbox"/> 584 RENAL FAILURE, ACUTE <input type="checkbox"/> 585 RENAL FAILURE, CHRONIC <input type="checkbox"/> V5844 RENAL TRANSPLANT, AFTERCARE <input type="checkbox"/> 58291 SYSTEMIC DISEASE (CHRONIC NEPHRITIS) <input type="checkbox"/> 2766 VOLUME OVERLOAD <input type="checkbox"/> 5889 OTHER RENAL DISORDER, UNSPEC ACCESS PLACEMENT FOLLOW-UP AFTERCARE <input type="checkbox"/> V5685 PERITONEAL DIALYSIS, CATHETER <input type="checkbox"/> V5686 HEMODIALYSIS (CATHETER, GRAFT, FISTULA) <input type="checkbox"/> V6554 WORRIED/CONCERNED WELL																																																		
PATIENT TIME <input type="checkbox"/> 30 min. <input type="checkbox"/> 6 1/2 hrs. <input type="checkbox"/> 1 hr. <input type="checkbox"/> 7 hrs. <input type="checkbox"/> 1 1/2 hrs. <input type="checkbox"/> 7 1/2 hrs. <input type="checkbox"/> 2 hrs. <input type="checkbox"/> 8 hrs. <input type="checkbox"/> 2 1/2 hrs. <input type="checkbox"/> 8 1/2 hrs. <input type="checkbox"/> 3 hrs. <input type="checkbox"/> 9 hrs. <input type="checkbox"/> 3 1/2 hrs. <input type="checkbox"/> 9 1/2 hrs. <input type="checkbox"/> 4 hrs. <input type="checkbox"/> 10 hrs. <input type="checkbox"/> 4 1/2 hrs. <input type="checkbox"/> 10 1/2 hrs. <input type="checkbox"/> 5 hrs. <input type="checkbox"/> 11 hrs. <input type="checkbox"/> 5 1/2 hrs. <input type="checkbox"/> 11 1/2 hrs. <input type="checkbox"/> 6 hrs. <input type="checkbox"/> 12 hrs.																																																		
UNLISTED REASON FOR VISIT (if not listed in columns above) <table border="1"> <thead> <tr> <th colspan="2">PRIMARY</th> <th colspan="2">SECONDARY</th> </tr> <tr> <th>1*</th> <th>2*</th> <th>1*</th> <th>2*</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> V. 0</td> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> V. 0</td> <td><input type="checkbox"/> 0</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 7</td> </tr> <tr> <td><input type="checkbox"/> 8</td> <td><input type="checkbox"/> 8</td> <td><input type="checkbox"/> 8</td> <td><input type="checkbox"/> 8</td> </tr> <tr> <td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> 9</td> </tr> </tbody> </table>			PRIMARY		SECONDARY		1*	2*	1*	2*	<input type="checkbox"/> V. 0	<input type="checkbox"/> 0	<input type="checkbox"/> V. 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
PRIMARY		SECONDARY																																																
1*	2*	1*	2*																																															
<input type="checkbox"/> V. 0	<input type="checkbox"/> 0	<input type="checkbox"/> V. 0	<input type="checkbox"/> 0																																															
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1																																															
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2																																															
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3																																															
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4																																															
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5																																															
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6																																															
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7																																															
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8																																															
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9																																															

☐ OTHER UCA

[illegible]

**APPOINTMENT
STATUS**

☐ Unscheduled

☐ Emergency

PLACE OF VISIT

☐ Ward
☐ Telephone
☐ Home
Other ☐ (1) ☐ (2) ☐ (3)

[illegible]

A	A	A	A	A
B	B	B	B	B
C	C	C	C	C
D	D	D	D	D
E	E	E	E	E
F	F	F	F	F
G	G	G	G	G
H	H	H	H	H
I	I	I	I	I
J	J	J	J	J
K	K	K	K	K
L	L	L	L	L
M	M	M	M	M
N	N	N	N	N
O	O	O	O	O
P	P	P	P	P
Q	Q	Q	Q	Q
R	R	R	R	R
S	S	S	S	S
T	T	T	T	T
U	U	U	U	U
V	V	V	V	V
W	W	W	W	W
X	X	X	X	X
Y	Y	Y	Y	Y
Z	Z	Z	Z	Z

**VISIT
COUNT**

①
②
③
④
⑤
⑥
⑦
⑧
⑨

# 1 CARE PROVIDER	# 1	TIME SPENT WITH PATIENT	# 2	# 2 CARE PROVIDER
	<input type="radio"/>	2 minutes	<input type="radio"/>	
	<input type="radio"/>	5 minutes	<input type="radio"/>	
	<input type="radio"/>	10 minutes	<input type="radio"/>	
(A) (N) (1) (1) (1) (1)	<input type="radio"/>	15 minutes	<input type="radio"/>	(A) (N) (1) (1) (1) (1)
(B) (O) (2) (2) (2) (2)	<input type="radio"/>	20 minutes	<input type="radio"/>	(B) (O) (2) (2) (2) (2)
(C) (P) (3) (3) (3) (3)	<input type="radio"/>	30 minutes	<input type="radio"/>	(C) (P) (3) (3) (3) (3)
(D) (4) (4) (4) (4) (4)	<input type="radio"/>	45 minutes	<input type="radio"/>	(D) (4) (4) (4) (4) (4)
(E) (5) (5) (5) (5) (5)	<input type="radio"/>	1 hour	<input type="radio"/>	(E) (5) (5) (5) (5) (5)
(F) (6) (6) (6) (6) (6)	<input type="radio"/>	1½ hours	<input type="radio"/>	(F) (6) (6) (6) (6) (6)
(G) (7) (7) (7) (7) (7)	<input type="radio"/>	2 hours	<input type="radio"/>	(G) (7) (7) (7) (7) (7)
(H) (8) (8) (8) (8) (8)	<input type="radio"/>	2½ hours	<input type="radio"/>	(H) (8) (8) (8) (8) (8)
(I) (9) (9) (9) (9) (9)	<input type="radio"/>	3 hours	<input type="radio"/>	(I) (9) (9) (9) (9) (9)
(J) (W)	<input type="radio"/>	3½ hours	<input type="radio"/>	(J) (W)
(K) (X)	<input type="radio"/>	4 hours	<input type="radio"/>	(K) (X)
(L) (Y)	<input type="radio"/>	4½ hours	<input type="radio"/>	(L) (Y)
(M) (Z)	<input type="radio"/>	5 hours	<input type="radio"/>	(M) (Z)
	<input type="radio"/>	5½ hours	<input type="radio"/>	
	<input type="radio"/>	6 hours	<input type="radio"/>	
	<input type="radio"/>	6½ hours	<input type="radio"/>	
	<input type="radio"/>	7 hours	<input type="radio"/>	
	<input type="radio"/>	7½ hours	<input type="radio"/>	
	<input type="radio"/>	8 hours	<input type="radio"/>	

REASON FOR # 2 CARE PROVIDER

☐ Teaching/Supervision

☐ Consultation

☐ Procedure/Treatment

Other (1) (2) (3)

JOB REL ILL/INJ
(not LOD det)
Yes
☐

MILITARY ONLY

☐ **DUTY**
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days

☐ **LIMITED DUTY**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

NOT AVAILABLE

☐ Medical record

☐ Lab results

☐ X-Rays

DO NOT MARK IN THIS AREA

10072

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

PROVIDER 1	PROVIDER 2
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

PROVIDER 1	PROVIDER 2
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

PROVIDER 1	PROVIDER 2
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PROCEDURES	
PROVIDER 1	PROVIDER 2
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1°	2°
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

1°	2°
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

1°	2°
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	28301 ACUTE CONFUSIONAL STATE
<input type="checkbox"/>	28180 ALCOHOL WITHDRAWAL
<input type="checkbox"/>	30380 ALCOHOLISM
<input type="checkbox"/>	78095 AMNESIA, OTHER
<input type="checkbox"/>	78094 AMNESIA, TRANSIENT GLOBAL
<input type="checkbox"/>	3000 ANXIETY DISORDER
<input type="checkbox"/>	78432 APHASIA, FLUENT
<input type="checkbox"/>	78431 APHASIA, NON-FLUENT
<input type="checkbox"/>	78435 APHASIA, OTHER
<input type="checkbox"/>	34882 BRAIN DEATH
<input type="checkbox"/>	7800 COMA
<input type="checkbox"/>	30011 CONVERSION DISORDER
<input type="checkbox"/>	78194 CORTICAL DEFICIT, OTHER
<input type="checkbox"/>	3310 DEMENTIA, ALZHEIMER'S
<input type="checkbox"/>	29028 DEMENTIA, DEPRESSIVE
<input type="checkbox"/>	2904 DEMENTIA, VASCULAR
<input type="checkbox"/>	33138 DEMENTIA, W/NPHYDROCEPH
<input type="checkbox"/>	33191 DEMENTIA, OTHER
<input type="checkbox"/>	311 DEPRESSION, NOS
<input type="checkbox"/>	2922 DRUG INTOXICATION
<input type="checkbox"/>	2920 DRUG WITHDRAWAL
<input type="checkbox"/>	34811 ENCEPHALOPATHY, ANOXIC
<input type="checkbox"/>	57221 ENCEPHALOPATHY, HEPATIC
<input type="checkbox"/>	34372 ENCEPHALOPATHY, HYPERTENS
<input type="checkbox"/>	34382 ENCEPHALOPATHY, TOXIC
<input type="checkbox"/>	20511 ENCEPHALOPATHY, WERNICKE'S
<input type="checkbox"/>	56520 MALINGERING
<input type="checkbox"/>	29030 SCHIZOPHRENIA, UNDEF

<input type="checkbox"/>	3880 MENIERE'S SYNDROME
<input type="checkbox"/>	347 MARCOLEPSY/CATAPLEXY
<input type="checkbox"/>	4580 ORTHOSTATIC HYPOTENSION
<input type="checkbox"/>	38811 POSITIONAL VERTIGO
<input type="checkbox"/>	34650 SIMPLE PARTIAL SEIZURES
<input type="checkbox"/>	78051 SLEEP APNEA
<input type="checkbox"/>	78050 SLEEP DISORDER, OTHER
<input type="checkbox"/>	7802 SYNCOPE
<input type="checkbox"/>	38836 VESTIBULAR DYSFUNCTION
<input type="checkbox"/>	3510 BELL'S PALSY
<input type="checkbox"/>	35302 BRACHIAL PLEXITIS
<input type="checkbox"/>	3540 CARPAL TUNNEL SYNDROME
<input type="checkbox"/>	3570 GUILLAIN-BARRE SYNDROME
<input type="checkbox"/>	3545 MONONEURITIS MULTIPLEX
<input type="checkbox"/>	35591 NERVE DYSFUNCTION, OTHER
<input type="checkbox"/>	3574 NEUROPATHY W/SYST ILLNESS
<input type="checkbox"/>	3575 NEUROPATHY, VASCULAR
<input type="checkbox"/>	3572 NEUROPATHY, DIABETIC
<input type="checkbox"/>	35521 NEUROPATHY, FEMORAL
<input type="checkbox"/>	35891 NEUROPATHY, HEREDITARY
<input type="checkbox"/>	35531 NEUROPATHY, PERONEAL
<input type="checkbox"/>	3577 NEUROPATHY, TOXIC
<input type="checkbox"/>	35582 NEUROPATHY, OTHER
<input type="checkbox"/>	37950 NYSTAGMUS, ALL TYPES
<input type="checkbox"/>	37892 OPHTHALMOPLÉGIA, ALL TYPES
<input type="checkbox"/>	3771 OPTIC ATROPHY
<input type="checkbox"/>	3773 OPTIC NEURITIS, INFLAMM
<input type="checkbox"/>	37741 OPTIC NEURITIS, ISCHEM
<input type="checkbox"/>	3543 PALSY, RADIAL NERVE
<input type="checkbox"/>	3542 PALSY, ULNAR NERVE
<input type="checkbox"/>	3770 PAPILEDEMA
<input type="checkbox"/>	35501 SCIATIC DYSFUNCTION
<input type="checkbox"/>	3530 THORACIC OUTLET SYNDROME

<input type="checkbox"/>	33520 AMYOTROPHIC LATERAL SCLEROSIS
<input type="checkbox"/>	35911 DUCHENNE/BECKER DYSTROPHY
<input type="checkbox"/>	35910 DYSTROPHY, OTHER FORMS
<input type="checkbox"/>	3581 EATON-LAMBERT SYNDROME
<input type="checkbox"/>	3593 FAMILIAL PERIODIC PARALYSIS
<input type="checkbox"/>	33529 MOTOR NEURON DIS, OTHER
<input type="checkbox"/>	3580 MYASTHENIA, GENERALIZED
<input type="checkbox"/>	35800 MYASTHENIA, OCULAR
<input type="checkbox"/>	7913 MYOGLOBINURIA
<input type="checkbox"/>	3580 MYOPATHY, "BENIGN CONGENITAL"
<input type="checkbox"/>	35985 MYOPATHY, STORAGE DISORDER
<input type="checkbox"/>	3599 MYOPATHY, OTHER
<input type="checkbox"/>	3592 MYOTONIC DYSTROPHY
<input type="checkbox"/>	3585 NEUROMUSCULAR BLOCK, OTHER
<input type="checkbox"/>	7104 POLYMYOSITIS & RELATED
<input type="checkbox"/>	3589 OTHER NEUROMUSCULAR DISORDER

<input type="checkbox"/>	04282 AIDS, NEUROLOGICAL
<input type="checkbox"/>	0481 JAKOB-CREUZFELDT DISEASE
<input type="checkbox"/>	05431 ENCEPHALITIS, HERPES
<input type="checkbox"/>	3239 ENCEPHALITIS, OTHER
<input type="checkbox"/>	320 MENINGITIS, BACTERIAL
<input type="checkbox"/>	3229 MENINGITIS, OTHER
<input type="checkbox"/>	0479 MENINGITIS, VIRAL
<input type="checkbox"/>	0949 NEUROSYPHILIS
<input type="checkbox"/>	05318 POST-HERPETIC NEURALGIA
<input type="checkbox"/>	0539 SHINGLES (ZOSTER)
<input type="checkbox"/>	13691 OTHER INFECT DISEASE

HEADACHE & PAIN	
<input type="checkbox"/>	3542 ATYPICAL FACIAL PAIN
<input type="checkbox"/>	354 CAUSALGIA
<input type="checkbox"/>	3521 CLUSTER HEADACHE
<input type="checkbox"/>	3551 MERRALLIA PARESTHETICA
<input type="checkbox"/>	346 MIGRAINE HEADACHE
<input type="checkbox"/>	78401 MUSCULOSKELETAL HEADACHE
<input type="checkbox"/>	7292 NEURALGIA, OTHER
<input type="checkbox"/>	78403 POST-TRAUMATIC HEADACHE
<input type="checkbox"/>	3482 PSEUDOTUMOR CEREBRI
<input type="checkbox"/>	3501 TRIGEMINAL NEURALGIA
<input type="checkbox"/>	7840 OTHER HEADACHE

<input type="checkbox"/>	13692 ENCEPHALOMYELITIS, POST-INFECT
<input type="checkbox"/>	0463 LEUKOENCEPH, PROGRESS MULTIFOC
<input type="checkbox"/>	3400 MULTIPLE SCLEROSIS, ACUTE
<input type="checkbox"/>	3401 MULTIPLE SCLEROSIS, CHRONIC
<input type="checkbox"/>	32390 MYELITIS, ACUTE TRANSVERSE
<input type="checkbox"/>	31732 NEURITIS, RETROBULBAR
<input type="checkbox"/>	3419 OTHER DEMYELINATING DISORDER

<input type="checkbox"/>	72205 HNP, CERVICAL
<input type="checkbox"/>	72212 HNP, LUMBOSACRAL
<input type="checkbox"/>	8470 HYPERTENSION, CERVICAL
<input type="checkbox"/>	72422 LOW BACK PAIN W/RADIATION
<input type="checkbox"/>	8460 LUMBOSACRAL STRAIN
<input type="checkbox"/>	72348 NECK/ARM PAIN
<input type="checkbox"/>	72400 SPINAL STENOSIS
<input type="checkbox"/>	7210 SPONDYLOSIS, CERVICAL
<input type="checkbox"/>	72131 SPONDYLOSIS, LUMBOSACRAL
<input type="checkbox"/>	75619 OTHER SPINAL ANOMALY

DEVELOPMENTAL/HEREDITARY	
<input type="checkbox"/>	31401 ADD W/HYPERACTIVITY
<input type="checkbox"/>	31400 ADD W/O HYPERACTIVITY
<input type="checkbox"/>	30984 ADJUSTMENT DISORDER, CHILD
<input type="checkbox"/>	27091 AMINOACIDURIA
<input type="checkbox"/>	74100 ARNOLD-CHIARI MALFORM
<input type="checkbox"/>	2779 BIOCHEMICAL DIS, OTHER
<input type="checkbox"/>	7424 BRAIN MALFORM, OTHER
<input type="checkbox"/>	3439 CEREBRAL PALSY
<input type="checkbox"/>	7589 CHROMOSOME ABN, OTHER
<input type="checkbox"/>	7425 CORD MALFORM, OTHER
<input type="checkbox"/>	7580 DOWN'S SYNDROME
<input type="checkbox"/>	31521 DYSLEXIA & RELATED
<input type="checkbox"/>	33011 GANGLIOSIDIOSIS
<input type="checkbox"/>	35901 HYPOTONIA, INFANTILE
<input type="checkbox"/>	3191 MENTAL RETARDATION, MULTIFACTORAL
<input type="checkbox"/>	3155 MIXED DEVEL DELAY
<input type="checkbox"/>	3154 MOTOR DEVEL DELAY
<input type="checkbox"/>	2775 MUCCOPOLYSACCHARIDOSIS
<input type="checkbox"/>	7412 NEURAL TUBE DEFECTS
<input type="checkbox"/>	75861 NEUROCUTANEOUS SYNDROME
<input type="checkbox"/>	2377 NEUROFIBROMATOSIS
<input type="checkbox"/>	3314 OBSTRUCTIVE HYDROCEPHALUS
<input type="checkbox"/>	7721 PERIVENT HEMORRHAGE
<input type="checkbox"/>	3152 SPECIFIC LEARNING DISABILITY
<input type="checkbox"/>	75960 STURGE-WEBER SYNDROME
<input type="checkbox"/>	7595 TUBEROUS SCLEROSIS

VASCULAR DISEASE & RELATED	
<input type="checkbox"/>	74781 ANEURYSM, INTRACRANIAL
<input type="checkbox"/>	7479 ARTERIOVENOUS MALFORMATION
<input type="checkbox"/>	7859 BRUIT, ASYMPTOMATIC
<input type="checkbox"/>	9530 HEMATOMA, INTRACRANIAL
<input type="checkbox"/>	431 HEMORRHAGE INTRACEREBRAL
<input type="checkbox"/>	4364 STROKE, HEMORRHAGIC
<input type="checkbox"/>	43431 STROKE, ISCHEMIC
<input type="checkbox"/>	43781 STROKE, LACUNAR
<input type="checkbox"/>	4359 TRANSIENT ISCHEMIC ATTACK
<input type="checkbox"/>	4599 OTHER VASCULAR DISEASE

<input type="checkbox"/>	3334 CHOREA, HUNTINGTON'S
<input type="checkbox"/>	3335 CHOREA, OTHER
<input type="checkbox"/>	33389 DYSTONIA, FOCAL
<input type="checkbox"/>	3338 DYSTONIA, GENERALIZED
<input type="checkbox"/>	3340 FRIEDREICH'S ATAXIA
<input type="checkbox"/>	3512 HEMIFACIAL SPASM
<input type="checkbox"/>	33385 MEIGE'S SYNDROME
<input type="checkbox"/>	33320 MYOCLONUS, HEREDITARY
<input type="checkbox"/>	3332 MYOCLONUS, OTHER
<input type="checkbox"/>	33301 OLIVOPONTocerebellar ATROPHY
<input type="checkbox"/>	35681 PALSY, PROGRESSIVE SUPRANUCLEAR
<input type="checkbox"/>	3320 PARKINSON'S DISEASE
<input type="checkbox"/>	3321 PARKINSONISM, SECONDARY
<input type="checkbox"/>	33302 PROGRESS AUTOMON FAILURE
<input type="checkbox"/>	3349 SPINOCEREBELLAR DEGEN, OTHER
<input type="checkbox"/>	2282 TARDIVE DYSKINESIA
<input type="checkbox"/>	30720 TIC DISORDER, UNSPEC
<input type="checkbox"/>	7235 TORTICOLLIS
<input type="checkbox"/>	30723 TOURETTE'S SYNDROME
<input type="checkbox"/>	3331 TREMOR, ESSENTIAL
<input type="checkbox"/>	7810 TREMOR, OTHER
<input type="checkbox"/>	27611 WILSON'S DISEASE

<input type="checkbox"/>	95340 BRACHIAL PLEXUS INJURY
<input type="checkbox"/>	850 CONCUSSION
<input type="checkbox"/>	8510 CONTUSION, CEREBRAL
<input type="checkbox"/>	8524 EPIDURAL HEMATOMA
<input type="checkbox"/>	95791 PERIPH NERVE INJURY
<input type="checkbox"/>	3102 POST CONCUSSION SYNDROME
<input type="checkbox"/>	8010 SKULL FX, BASAL
<input type="checkbox"/>	80340 SKULL FX, DEPRESS, CLOSED
<input type="checkbox"/>	80380 SKULL FX, DEPRESS, OPEN
<input type="checkbox"/>	80300 SKULL FX, LINEAR
<input type="checkbox"/>	8058 SPINAL FX
<input type="checkbox"/>	8522 SUBDURAL HEMATOMA
<input type="checkbox"/>	95992 OTHER TRAUMA

MISCELLANEOUS	
<input type="checkbox"/>	276 FLUID/ELECTROLYTE DISORDER
<input type="checkbox"/>	275 MINERAL METABOLISM DISORDER
<input type="checkbox"/>	2692 VITAMIN DEFICIENCY DISORDER

PAROXYSMAL DISORDERS & RELATED	
<input type="checkbox"/>	34501 ABSENCE SEIZURES
<input type="checkbox"/>	34543 COMPLEX PARTIAL SEIZURES
<input type="checkbox"/>	7804 DIZZINESS
<input type="checkbox"/>	34481 DROP ATTACKS
<input type="checkbox"/>	3458 EPILEPSY, OTHER
<input type="checkbox"/>	78031 FEBRILE CONVULSION
<input type="checkbox"/>	3457 FOCAL STATUS
<input type="checkbox"/>	34531 GENERALIZED STATUS
<input type="checkbox"/>	34591 GENERALIZED T-C SEIZURES
<input type="checkbox"/>	3458 INFANTILE SPASMS

<input type="checkbox"/>	2259 NEOPLASM, BENIGN, OTHER
<input type="checkbox"/>	19841 CARCINOMATOUS MENINGITIS
<input type="checkbox"/>	990 COMPLICATION, RADIATION
<input type="checkbox"/>	22501 MENINGIOMA, BRAIN/CORD
<input type="checkbox"/>	18831 METASTASIS, BRAIN
<input type="checkbox"/>	19832 METASTASIS, CORD
<input type="checkbox"/>	22511 NEUROMA, ACOUSTIC
<input type="checkbox"/>	19913 PARANEOPlastic SYNDROME
<input type="checkbox"/>	1910 PRIMARY INTRACEREBR MALIG
<input type="checkbox"/>	1922 PRIMARY SPINAL MALIG
<input type="checkbox"/>	23977 OTHER NEOPLASTIC DIS

UNLISTED REASON FOR VISIT (if not listed in columns above)	
PRIMARY	SECONDARY
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES			
PROVIDER 1		PROVIDER 2		PROVIDER 1		PROVIDER 2	
#1	#2	#1	#2	#1	#2	#1	#2
EXAM/ADMIN				WOUND CARE			
<input type="checkbox"/> 89155 COUNSELING/CONFERENCE	<input type="checkbox"/> 20560 INJECTION, TRIGGER POINT	<input type="checkbox"/> 20685 OTHER ORTHOSIS APPL/ADJ	<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 2943 DEMENTIA, POST-TRAUMATIC	<input type="checkbox"/> 2943 DEMENTIA, POST-TRAUMATIC	<input type="checkbox"/> 2943 DEMENTIA, POST-TRAUMATIC	<input type="checkbox"/> 2943 DEMENTIA, POST-TRAUMATIC
<input type="checkbox"/> 90805 CONSULTATION	<input type="checkbox"/> 82289 INJECTION, EPIDURAL STEROID	<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 12001 SUTURE PLACEMENT	<input type="checkbox"/> 29010 DEMENTIA, PRESENILE	<input type="checkbox"/> 29010 DEMENTIA, PRESENILE	<input type="checkbox"/> 29010 DEMENTIA, PRESENILE	<input type="checkbox"/> 29010 DEMENTIA, PRESENILE
<input type="checkbox"/> 90853 CONSULTATION, SECOND OPINION	<input type="checkbox"/> 84444 INJECTION, LUMBAR FACET	<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 12002 SUTURE REMOVAL	<input type="checkbox"/> 29000 DEMENTIA, SENILE	<input type="checkbox"/> 29000 DEMENTIA, SENILE	<input type="checkbox"/> 29000 DEMENTIA, SENILE	<input type="checkbox"/> 29000 DEMENTIA, SENILE
<input type="checkbox"/> 90055 F/U EVALUATION	<input type="checkbox"/> 81070 PUNCTURE, SHUNT	<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 12008 WOUND CARE, LOCAL	<input type="checkbox"/> 29099 DEMENTIA, SENILE, PSYCHOTIC	<input type="checkbox"/> 29099 DEMENTIA, SENILE, PSYCHOTIC	<input type="checkbox"/> 29099 DEMENTIA, SENILE, PSYCHOTIC	<input type="checkbox"/> 29099 DEMENTIA, SENILE, PSYCHOTIC
<input type="checkbox"/> 90008 INITIAL EVALUATION	<input type="checkbox"/> 82270 PUNCTURE, LUMBAR	<input type="checkbox"/> 90011 DRESSING CHANGE		<input type="checkbox"/> 30070 HYPOCHONDRIASIS	<input type="checkbox"/> 30070 HYPOCHONDRIASIS	<input type="checkbox"/> 30070 HYPOCHONDRIASIS	<input type="checkbox"/> 30070 HYPOCHONDRIASIS
<input type="checkbox"/> 90075 MEDICAL TESTIMONY	<input type="checkbox"/> 36415 PUNCTURE, VENOUS	<input type="checkbox"/> 90011 DRESSING CHANGE		<input type="checkbox"/> 3019 MENTAL RETARDATION	<input type="checkbox"/> 3019 MENTAL RETARDATION	<input type="checkbox"/> 3019 MENTAL RETARDATION	<input type="checkbox"/> 3019 MENTAL RETARDATION
INJECTIONS/PUNCTURES				ENDOCRINOLOGIC			
<input type="checkbox"/> 90782 INJECTION, IM/SUBQ	<input type="checkbox"/> 20684 HALO ADJUSTMENT	<input type="checkbox"/> 25300 ACROMEGALY & GIGANTISM	<input type="checkbox"/> 25312 AMENORRHEA/GALACTORRHEA	<input type="checkbox"/> 9952 ADVERSE DRUG REACTION	<input type="checkbox"/> 9952 ADVERSE DRUG REACTION	<input type="checkbox"/> 9952 ADVERSE DRUG REACTION	<input type="checkbox"/> 9952 ADVERSE DRUG REACTION
<input type="checkbox"/> 90782 INJECTION, IM/SUBQ	<input type="checkbox"/> 20685 HALO REMOVAL	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25311 DIABETES INSIPIDUS	<input type="checkbox"/> 9977 COMPLICATIONS, MEDICAL	<input type="checkbox"/> 9977 COMPLICATIONS, MEDICAL	<input type="checkbox"/> 9977 COMPLICATIONS, MEDICAL	<input type="checkbox"/> 9977 COMPLICATIONS, MEDICAL
MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)				COMPLICATIONS			
1° is Follow-up				1° is Rule/out			
1°				2°			
NEUROLOGIC				NEUROLOGIC			
<input type="checkbox"/> 72495 ARACHNOIDITIS	<input type="checkbox"/> 3480 CEREBRAL CYSTS	<input type="checkbox"/> 094 NEUROSYPHILIS	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 9984 PSEUDARTHROSIS/BROKEN RODS	<input type="checkbox"/> 9984 PSEUDARTHROSIS/BROKEN RODS	<input type="checkbox"/> 9984 PSEUDARTHROSIS/BROKEN RODS	<input type="checkbox"/> 9984 PSEUDARTHROSIS/BROKEN RODS
<input type="checkbox"/> 7224 CERVICAL DISC DEGENERATION	<input type="checkbox"/> 7420 ENCEPHALOCELE	<input type="checkbox"/> 8583 POST TRAUMATIC WOUND INFECT.	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99661 SHUNT INFECTION	<input type="checkbox"/> 99661 SHUNT INFECTION	<input type="checkbox"/> 99661 SHUNT INFECTION	<input type="checkbox"/> 99661 SHUNT INFECTION
<input type="checkbox"/> 72345 CERVICAL RADICULOMYELOPATHY	<input type="checkbox"/> 3318 HYDROCEPHALUS, ACQUIRED	<input type="checkbox"/> 8986 POSTOPERATIVE INFECTION	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7211 CERVICAL SPOND W/MYELOPATHY	<input type="checkbox"/> 7423 HYDROCEPHALUS, CONGENITAL	<input type="checkbox"/> 135 SARCIDOSIS	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7210 CERVICAL SPONDYLOSIS	<input type="checkbox"/> 7721 INTRAVENT HEMORR, PERINATAL	<input type="checkbox"/> 046 SLOW VIRUS INFECTION OF CNS	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 8470 CERVICAL STRAIN	<input type="checkbox"/> 7424 OTHER BRAIN ANOMALIES	<input type="checkbox"/> 013 TUBERCULOSIS, MENINGES & CNS	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7231 CERVICALGIA	<input type="checkbox"/> 7410 SPINA BIFIDA W/HYDROCEPHAL	<input type="checkbox"/> 0150 TUBERCULOSIS, VERTEBRAL	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 737 CURVATURE OF SPINE	<input type="checkbox"/> 7418 SPINA BIFIDA W/O HYDROCEPHAL	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72201 HNP, C4-5	<input type="checkbox"/> 33600 SYRINGOMYELIA & SYRINGOBULBIA	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72202 HNP, C5-6	<input type="checkbox"/> 74255 TETHERED CORD	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72203 HNP, C6-7	<input type="checkbox"/> 8508 CEREBRAL CONCUSSION	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72204 HNP, OTHER CERVICOTHORACIC	<input type="checkbox"/> 851 CEREBRAL CONTUSION/LACERATION	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72213 HNP, L3-4	<input type="checkbox"/> 952 CORD INJURY W/O BONE INJURY	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72214 HNP, L4-5	<input type="checkbox"/> 8542 CRANIOCEREBRAL GUNSHOT WOUND	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72215 HNP, L5-S1	<input type="checkbox"/> 34983 CSF FISTULA, OTHER	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72216 HNP, OTHER LUMBAR	<input type="checkbox"/> 38861 CSF OTORRHEA	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72217 HNP, RECURRENT	<input type="checkbox"/> 34981 CSF RHINORRHEA	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72403 LATERAL RECESS SYNDROME	<input type="checkbox"/> 8392 DISLOC, THORACOLUMBAR, CLOSED	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72423 LOW BACK PAIN	<input type="checkbox"/> 8390 DISLOCATION, CERVICAL, CLOSED	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72402 LUMBAR SPINAL STENOSIS	<input type="checkbox"/> 800 FRACTURE, SKULL VAULT	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7225 LUMBOGROSSAL DISC DEGENERATION	<input type="checkbox"/> 8060 FX, CERVICAL, W/CORD INJURY	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72131 LUMBOSACRAL SPONDYLOSIS	<input type="checkbox"/> 8050 FX, CERVICAL, W/O CORD INJURY	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 8460 LUMBOSACRAL STRAIN	<input type="checkbox"/> 802 FX, FACIAL BONES	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7330 OSTEOPOROSIS	<input type="checkbox"/> 8064 FX, LUMBAR, W/CORD INJURY	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72411 PAIN IN THORACIC SPINE	<input type="checkbox"/> 8054 FX, LUMBAR, W/O CORD INJURY	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7331 PATHOLOGICAL FRACTURE	<input type="checkbox"/> 801 FX, SKULL BASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72293 POSTLAMINECTOMY/HNP SYNDROME	<input type="checkbox"/> 8062 FX, THORACIC, W/CORD INJURY	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7236 RADICULOPATHY, C5	<input type="checkbox"/> 8052 FX, THORACIC, W/O CORD INJURY	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72342 RADICULOPATHY, C6	<input type="checkbox"/> 8527 HEMATOMA, EPIDURAL	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7234 RADICULOPATHY, C7	<input type="checkbox"/> 8532 HEMATOMA, INTRACEREBRAL	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72442 RADICULOPATHY, L4	<input type="checkbox"/> 8526 HEMATOMA, SUBDURAL	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72443 RADICULOPATHY, L5	<input type="checkbox"/> 8730 SCALP WOUND	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7244 RADICULOPATHY, OTHER CERV-THOR	NERVE & PLEXUS	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72445 RADICULOPATHY, OTHER L-S	<input type="checkbox"/> 3510 BELL'S Palsy	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7244 RADICULOPATHY, S1	<input type="checkbox"/> 3530 BRACHIAL PLEXUS LESION/TOS	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7243 SCIATICA	<input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 75618 SPONDYLOLISTHESIS W/LYSIS	<input type="checkbox"/> 05314 HERPETIC RADICULOPATHY	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 73842 SPONDYLOLISTHESIS W/O LYSIS	<input type="checkbox"/> 95101 CRANIAL NERVE(S) 3-12	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 75611 SPONDYLOLYSIS W/O LISTHESIS	<input type="checkbox"/> 953 NERVE ROOTS & SPINAL PLEXUS	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 72740 SYNOVIAL CYST	<input type="checkbox"/> 955 PERIPHERAL NERVE(S) OF U.E.	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7212 THORACIC SPONDYLOSIS	<input type="checkbox"/> 956 PERIPHERAL NERVE(S) OF L.E.	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
VASCULAR				NEOPLASM			
<input type="checkbox"/> 74785 ANEURYSM, ANT CEREBRAL ART	<input type="checkbox"/> 35420 LESION OF ULNAR NERVE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 74782 ANEURYSM, ANTERIOR COMM ART	<input type="checkbox"/> 3551 MERALGIA PARESTHETICA	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 74781 ANEURYSM, BASILAR TIP	<input type="checkbox"/> 35351 PARSONAGE-TURNER SYNDROME	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 74784 ANEURYSM, MID CEREBRAL ART	<input type="checkbox"/> 3569 PERIPHERAL NEUROPATHY	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 74780 ANEURYSM, MULTIPLE	PAIN	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 4373 ANEURYSM, CEREBRAL, NONRUPT	<input type="checkbox"/> 346 HEADACHE, MIGRAINE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 74786 ANEURYSM, OTHER ICA	<input type="checkbox"/> 30781 HEADACHE, TENSION	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 74788 ANEURYSM, OTHER POST CIRC	<input type="checkbox"/> 7840 HEADACHE, OTHER	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 74783 ANEURYSM, POSTERIOR COMM ART	<input type="checkbox"/> 72985 NOCTURNAL CRAMPS	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 7479 ARTERIOVENOUS MALFORMATION	<input type="checkbox"/> 30601 PSYCHOPHYSIOL MUSCULOSKEL DIS	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 436 CEREBROVASCULAR ACCIDENT	<input type="checkbox"/> 33791 REFLEX SYMPATHETIC DYSTROPHY	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 431 INTRACEREBRAL HEMORRHAGE	<input type="checkbox"/> 35010 TRIGEMINAL NEURALGIA	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 25312 CUSHING'S SYNDROME/DISEASE	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION	<input type="checkbox"/> 99621 SHUNT MALFUNCTION
<input type="checkbox"/> 433 OCCL/STENOSIS							

NUTRITION CARE PATIENT (BALA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
Other (1) (2) (3)

VISIT COUNT

0
2
3
4
5
6
7
8
9

UCA CODE (if not above)

A A A A
B B B B
C C C C
D D D D
E E E E
F F F F
G G G G
H H H H
I I I I
J J J J
K K K K
L L L L
M M M M
N N N N
O O O O
P P P P
Q Q Q Q
R R R R
S S S S
T T T T
U U U U
V V V V
W W W W
X X X X
Y Y Y Y
Z Z Z Z

INPATIENT OR REFERRAL CODE

A A A A
B B B B
C C C C
D D D D
E E E E
F F F F
G G G G
H H H H
I I I I
J J J J
K K K K
L L L L
M M M M
N N N N
O O O O
P P P P
Q Q Q Q
R R R R
S S S S
T T T T
U U U U
V V V V
W W W W
X X X X
Y Y Y Y
Z Z Z Z

PATIENT DATA

TODAY'S DATE	
DAY	MONTH
0 0	Jan
1 1	Feb
2 2	Mar
3 3	Apr
4 4	May
5 5	Jun
6 6	Jul
7 7	Aug
8 8	Sep
9 9	Oct
	Nov
	Dec

FMP
0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
0 0 0 0	2 minutes	0 0 0 0
A N 1 1 1 1	5 minutes	A N 1 1 1 1
B O 2 2 2 2	10 minutes	B O 2 2 2 2
C P 3 3 3 3	15 minutes	C P 3 3 3 3
D Q 4 4 4 4	20 minutes	D Q 4 4 4 4
E R 5 5 5 5	30 minutes	E R 5 5 5 5
F S 6 6 6 6	45 minutes	F S 6 6 6 6
G T 7 7 7 7	1 hour	G T 7 7 7 7
H U 8 8 8 8	1 1/2 hours	H U 8 8 8 8
I V 9 9 9 9	2 hours	I V 9 9 9 9
J W	2 1/2 hours	J W
K X	3 hours	K X
L Y	3 1/2 hours	L Y
M Z	4 hours	M Z
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON FOR #2 CARE PROVIDER

- ☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
Other (1) (2) (3)

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays

SPECIFIC PREASSIGNED CLINIC CODES

1
2
3
4
5
6
7
8
9

DO NOT MARK IN THIS AREA

10185

OB PATIENT (BCCA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE	
DAY	MONTH
1	Jan
2	Feb
3	Mar
4	Apr
5	May
6	Jun
7	Jul
8	Aug
9	Sep
0	Oct
1	Nov
2	Dec

FMP

SPONSOR'S SSN

OTHER UCA	
<input type="radio"/> BGYA	<input type="radio"/> BGYN
<input type="radio"/> BCCC	

IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
Other 1 2 3

VISIT COUNT

0
1
2
3
4
5
6
7
8
9

UCA CODE (if not above)	
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

INPATIENT OR REFERRAL CODE	
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
A	0	2 minutes	0	A
B	1	5 minutes	1	B
C	2	10 minutes	2	C
D	3	15 minutes	3	D
E	4	20 minutes	4	E
F	5	30 minutes	5	F
G	6	45 minutes	6	G
H	7	1 hour	7	H
I	8	1 1/2 hours	8	I
J	9	2 hours	9	J
K	0	2 1/2 hours	0	K
L	1	3 hours	1	L
M	2	3 1/2 hours	2	M
N	3	4 hours	3	N
O	4	4 1/2 hours	4	O
P	5	5 hours	5	P
Q	6	5 1/2 hours	6	Q
R	7	6 hours	7	R
S	8	6 1/2 hours	8	S
T	9	7 hours	9	T
U	0	7 1/2 hours	0	U
V	1	8 hours	1	V
W	2		2	W
X	3		3	X
Y	4		4	Y
Z	5		5	Z

REASON FOR #2 CARE PROVIDER

- ☐ Teaching/Supervision
- ☐ Consultation
- ☐ Procedure/Treatment
- Other 1 2 3

JOB REL ILL/INJ (not LOD det)
Yes
No

MILITARY ONLY
<input type="radio"/> DUTY
QUARTERS:
<input type="radio"/> 24 hours
<input type="radio"/> 48 hours
<input type="radio"/> 72 hours
PROFILE:
<input type="radio"/> 1-3 days
<input type="radio"/> 4-7 days
<input type="radio"/> 8-14 days
<input type="radio"/> > 14 days
<input type="radio"/> LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
1
2
3
4
5
6
7
8
9

NOT AVAILABLE
<input type="radio"/> Medical record
<input type="radio"/> Lab results
<input type="radio"/> X-Rays

DO NOT MARK IN THIS AREA

40995

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)										ADDITIONAL PROCEDURES																													
MARK "OUT" IF ORDERED & PERFORMED OUT OF ON PROGRAM/CLINIC										PROV 2 OUT																													
PROV 1 #1 #2 OUT										PROV 2 OUT																													
HEARING CONSERVATION <input type="checkbox"/> 02012 AUDIOGRAM, NON-JOB RELATED <input type="checkbox"/> 02015 AUDIOGRAM, PERIODIC <input type="checkbox"/> 02008 AUDIOGRAM, REFERENCE <input type="checkbox"/> 02013 AUDIOGRAM, TERMINATION <input type="checkbox"/> 02009 AUDIOGRAM, 90-DAY <input type="checkbox"/> 02010 FOLLOW-UP 15 HOURS <input type="checkbox"/> 02011 FOLLOW-UP 40 HOURS <input type="checkbox"/> 02012 ISSUE/FT PROTECTIVE DEVICE <input type="checkbox"/> 02014 OTOSCOPIC CHECK VISION CONSERVATION <input type="checkbox"/> 02023 CORNEAL STAIN <input type="checkbox"/> 02043 EVALUATION OF EYEWEAR <input type="checkbox"/> 02037 FIT/ADJUST EYEWEAR <input type="checkbox"/> 02030 ISSUE PLANO <input type="checkbox"/> 02044 ISSUE PRESCRIPTION <input type="checkbox"/> 02100 TONOMETRY <input type="checkbox"/> 02043 VISION SCREENING HEALTH EDUCATION/COUNSEL <input type="checkbox"/> 02000 HEALTH PROMOTION <input type="checkbox"/> 02001 HEARING CONSERVATION <input type="checkbox"/> 02002 ON PROGRAM ORIENTATION <input type="checkbox"/> 02003 RADIATION PROTECTION <input type="checkbox"/> 02004 RESPIRATORY PROTECTION <input type="checkbox"/> 02005 SUPERVISOR ORIENTATION										<input type="checkbox"/> 02008 TOXIC HAZARD <input type="checkbox"/> 02007 VISION PROTECTION <input type="checkbox"/> 02018 OTHER HEALTH ED/COUNSEL IMMUNIZATION <input type="checkbox"/> 02031 HEPATITIS B <input type="checkbox"/> 02024 INFLUENZA <input type="checkbox"/> 02004 MUMPS <input type="checkbox"/> 02013 POLIOMYELITIS <input type="checkbox"/> 02028 RABIES <input type="checkbox"/> 02006 RUBELLA <input type="checkbox"/> 02005 RUBELLA <input type="checkbox"/> 02018 TETANUS TOXOID <input type="checkbox"/> 02014 TYPHOID <input type="checkbox"/> 02001 TB SKIN TEST (ADMIN) <input type="checkbox"/> 02002 TB SKIN TEST (READ) PROCEDURES <input type="checkbox"/> 02002 BLOOD PRESSURE CHECK <input type="checkbox"/> 02002 COMPLETE EXAMINATION <input type="checkbox"/> 02002 DO FORM 1141 MAINTAINED <input type="checkbox"/> 02002 HISTORY, INITIAL <input type="checkbox"/> 02002 HISTORY, INTERVAL <input type="checkbox"/> 02002 IMPROVING/SCREEN <input type="checkbox"/> 02002 MEDICAL RECORD REV/EVAL <input type="checkbox"/> 02002 NURSE/PATIENT COUNSELING										<input type="checkbox"/> 02003 PARTIAL EXAMINATION <input type="checkbox"/> 02008 RETURN TO WORK EXAM <input type="checkbox"/> 02004 SECURITY CLEARANCE SCREEN <input type="checkbox"/> 02001 TELEPHONE CONSULT (DOCUMENTED) TREATMENTS <input type="checkbox"/> 02012 ALLERGY INJECTION <input type="checkbox"/> 02011 DRESSING CHANGE <input type="checkbox"/> 02012 EAR IRRIGATION <input type="checkbox"/> 02005 EYE IRRIGATION <input type="checkbox"/> 02012 FOREIGN BODY REMOVAL, SIMPLE <input type="checkbox"/> 02012 INJECTIONS, IM/SUBCU <input type="checkbox"/> 02002 SUTURE REMOVAL <input type="checkbox"/> 02002 1" BURN, SIMPLE Rx CLINICAL STUDIES <input type="checkbox"/> 02002 BLOOD LEAD <input type="checkbox"/> 02002 CBC W/DIFF <input type="checkbox"/> 02012 CHEST X-RAY, PA <input type="checkbox"/> 02002 ECG <input type="checkbox"/> 02012 FECAL OCCULT BLOOD <input type="checkbox"/> 02012 GLUCOSE <input type="checkbox"/> 02012 HEMATOOCRIT <input type="checkbox"/> 02012 HEPATITIS TITER <input type="checkbox"/> 02005 LIVER FUNCTION <input type="checkbox"/> 02002 METHEMOGLOBIN <input type="checkbox"/> 02012 OPHTHALMIC EXAM/REFRACTION										<input type="checkbox"/> 02012 OPHTHALMIC EXAM/SURVEILLANCE <input type="checkbox"/> 02002 PLATELETS <input type="checkbox"/> 02012 PROTHROMBIN TIME <input type="checkbox"/> 02012 RABIES TITER <input type="checkbox"/> 02012 RBC CHOLINESTERASE <input type="checkbox"/> 02012 RENAL FUNCTION <input type="checkbox"/> 02012 RETICULOCYTE <input type="checkbox"/> 02012 RUBELLA TITER <input type="checkbox"/> 02012 RUBELLA TITER <input type="checkbox"/> 02012 SPIROMETRY <input type="checkbox"/> 02012 SPUTUM CYTOLOGY <input type="checkbox"/> 02012 URINALYSIS W/MICRO <input type="checkbox"/> 02012 URINE CYTOLOGY									
MARK ONE PRIMARY DIAGNOSIS AND SECONDARIES (IF APPLICABLE) IF NEW INJURY (TRAUMATIC) OR NEW ILLNESS, DISEASE OR IF YOU WISH TO RECORD AN EXISTING CONDITION/DISEASE 1° is Rule/out										1° 2°																													
INFECTIOUS PARASITIC DISEASE <input type="checkbox"/> 0340 PHARYNGITIS W/STREPTOCOCCAL <input type="checkbox"/> 0109 TUBERCULIN CONVERTER <input type="checkbox"/> 0119 TUBERCULOSIS, PULMONARY <input type="checkbox"/> 0799 VIRAL SYNDROME, NOS										RESPIRATORY SYSTEM DISEASE <input type="checkbox"/> 410 ACUTE MYOCARDIAL INFARCTION <input type="checkbox"/> 427 CARDIAC DYSRHYTHMIAS <input type="checkbox"/> 4149 HEART DISEASE, CHRONIC ISCHEMIC <input type="checkbox"/> 4556 HEMORRHOIDS W/D COMPLICATION <input type="checkbox"/> 401 HYPERTENSION, ESSENTIAL <input type="checkbox"/> 451 PHLEBITIS/THROMBOPHLEBITIS <input type="checkbox"/> 493 ASTHMA <input type="checkbox"/> 466 BRONCHITIS/BRONCHIOLITIS, ACUTE <input type="checkbox"/> 481 BRONCHITIS, CHRONIC <input type="checkbox"/> 498 COPD <input type="checkbox"/> 492 EMPHYSEMA <input type="checkbox"/> 484 LARYNGITIS/TRACHEITIS, ACUTE <input type="checkbox"/> 47814 NASAL DISORDER, OTHER <input type="checkbox"/> 480 NASOPHARYNGITIS, ACUTE <input type="checkbox"/> 472 PHARYNGITIS/NASOPHARYNG, CHRONIC <input type="checkbox"/> 503 PNEUMONIOSIS FROM INORGAN DUST <input type="checkbox"/> 508 RESPIRATORY COND DUE TO OTHER <input type="checkbox"/> 477 RHINITIS, ALLERGIC <input type="checkbox"/> 481 SINUSITIS, ACUTE <input type="checkbox"/> 483 TONSILLITIS, ACUTE <input type="checkbox"/> 4859 URI, ACUTE										BONE, SYMPTOMS, UN-DEFINED COND <input type="checkbox"/> 7194 ARTHRALGIA <input type="checkbox"/> 7140 ARTHRITIS, RHEUMATOID <input type="checkbox"/> 7181 ARTHRITIS, TRAUMATIC <input type="checkbox"/> 717 DERANGEMENT, INTERNAL KNEE <input type="checkbox"/> 7296 FOREIGN BODY, SOFT TISSUE <input type="checkbox"/> 7195 JOINT STIFFNESS <input type="checkbox"/> 7231 PAIN, CERVICAL <input type="checkbox"/> 72422 PAIN, LOW BACK W/RAD SYMP <input type="checkbox"/> 72421 PAIN, LOW BACK W/D RAD SYMP <input type="checkbox"/> 7242 PAIN, LUMBAR/SACRAL <input type="checkbox"/> 71996 PATELLA SYNDROME <input type="checkbox"/> 7270 SYNOVITIS/TENDOSYNOVITIS <input type="checkbox"/> 72441 THORACIC RADICULITIS <input type="checkbox"/> 72989 OTHER MUSCULOSKELETAL PROBLEM										<input type="checkbox"/> 990 EFFECTS OF RADIATION <input type="checkbox"/> 930 FOREIGN BODY, EYE, EXTERNAL <input type="checkbox"/> 829 FRACTURE, NOS (CLOSED) <input type="checkbox"/> 8291 FRACTURE, NOS (OPEN) <input type="checkbox"/> 9219 INJURY, EYE, NOS <input type="checkbox"/> 98954 INSECT BITE/STING <input type="checkbox"/> 8798 LACERATION W/D COMPLICATION <input type="checkbox"/> 8799 LACERATION, COMPLEX <input type="checkbox"/> 8441 SPRAIN, KNEE LIGAMENT, MEDIAL <input type="checkbox"/> 848 SPRAIN/STRAIN, SITE NOS <input type="checkbox"/> 919 SUPERFICIAL INJURY <input type="checkbox"/> 87987 WOUND, PUNCTURE									
NEOPLASMS MALIGNANT <input type="checkbox"/> 1696 GENITALIA, UNSPEC <input type="checkbox"/> 23293 KERATOSIS, ACTINIC <input type="checkbox"/> 152 TRACHEA, BRONCHUS, LUNG										DIGESTIVE SYSTEM DISEASE <input type="checkbox"/> 5213 EROSION OF TEETH, OCCUP <input type="checkbox"/> 550 INGUINAL HERNIA <input type="checkbox"/> 532 ULCER, DUODENAL, UNSPEC										TOXIC EFFECTS, CHIEFLY NONMEDICAL SUB <input type="checkbox"/> 980 ALCOHOL <input type="checkbox"/> 986 CARBON MONOXIDE <input type="checkbox"/> 9892 CHLORINATED HYDROCARBONS <input type="checkbox"/> 983 CORROSIVE AROMATIC ACIDS & CAUSTIC ALKALIES <input type="checkbox"/> 984 LEAD <input type="checkbox"/> 9890 HYDROCYANIC ACID/CYANIDES <input type="checkbox"/> 9893 ORGANOPHOSPHATE/CARBAMATE <input type="checkbox"/> 981 PETROLEUM PRODUCTS <input type="checkbox"/> 987 OTHER GASES, FUMES & VAPORS																			
ENDOCRINE/METABOLIC DISEASE <input type="checkbox"/> 230 DIABETES MELLITUS <input type="checkbox"/> 2599 ENDOCRINE DISORDER, UNSPEC <input type="checkbox"/> 274 GOUT <input type="checkbox"/> 2724 HYPERLIPIDEMIA <input type="checkbox"/> 2449 HYPOTHYROIDISM <input type="checkbox"/> 2780 OBESITY <input type="checkbox"/> 2441 OTHER POSTABLATIVE <input type="checkbox"/> HYPOTHYROIDISM										GENITOURINARY SYSTEM DISEASE <input type="checkbox"/> 5997 HEMATURIA <input type="checkbox"/> 5990 INFECTION, URINARY TRACT <input type="checkbox"/> 61812 VAGINITIS, NOS										OTHER <input type="checkbox"/> V700 EXAM, MEDICAL <input type="checkbox"/> V250 GENERAL COUNSELING/ADVISE <input type="checkbox"/> V412 HEARING PROBLEM <input type="checkbox"/> V22 PREGNANCY, NORMAL <input type="checkbox"/> V6554 WORRIED/CONCERNED WELL																			
DISEASES OF THE BLOOD <input type="checkbox"/> 280 ANEMIA, IRON DEFICIENCY <input type="checkbox"/> 285 ANEMIA, UNSPEC <input type="checkbox"/> 2838 ANEMIA, TOXIC, HEMOLYTIC										SKIN, SUBCUTANEOUS TISSUE DISEASE <input type="checkbox"/> 7081 ACNE <input type="checkbox"/> 892 CONTACT DERMATITIS/OTHER ECZEMA <input type="checkbox"/> 8921 DUE TO OILS/GREASES <input type="checkbox"/> 8924 DUE TO CHEMICAL PRODUCTS <input type="checkbox"/> 8928 DUE TO PLANTS <input type="checkbox"/> 8927 DUE TO SOLAR RADIATION <input type="checkbox"/> 8922 DUE TO SOLVENTS <input type="checkbox"/> 89289 DUE TO OTHER SPEC AGENTS <input type="checkbox"/> 708 URTICARIA										UNDEFINED DIAGNOSIS (if not listed in columns above) PRIMARY <input type="checkbox"/> 949 BURNS <input type="checkbox"/> 990 CONCUSSION, ACUTE, NOS <input type="checkbox"/> 9248 CONTUSIONS <input type="checkbox"/> 9299 CRUSHING INJURY, UNSPEC SITE <input type="checkbox"/> 839 DISLOCATION <input type="checkbox"/> 8363 DISLOCATION, PATELLA (CLOSED)																			
MENTAL DISORDERS <input type="checkbox"/> 30390 ALCOHOL DEPENDENCE, UNSPEC <input type="checkbox"/> 311 DEPRESSION, NOS <input type="checkbox"/> 300 NEUROTIC DISORDER <input type="checkbox"/> 3019 PERSONALITY DISORDER, UNSPEC <input type="checkbox"/> 30510 SMOKING EXCESS/TOBACCO DEP <input type="checkbox"/> 30081 SOMATIZATION DISORDER <input type="checkbox"/> 3089 STRESS REACTION, ACUTE, UNSPEC <input type="checkbox"/> 30090 UNSPEC MENTAL DIS, NON-PSYCHO										SKIN, SUBCUTANEOUS TISSUE DISEASE <input type="checkbox"/> 7081 ACNE <input type="checkbox"/> 892 CONTACT DERMATITIS/OTHER ECZEMA <input type="checkbox"/> 8921 DUE TO OILS/GREASES <input type="checkbox"/> 8924 DUE TO CHEMICAL PRODUCTS <input type="checkbox"/> 8928 DUE TO PLANTS <input type="checkbox"/> 8927 DUE TO SOLAR RADIATION <input type="checkbox"/> 8922 DUE TO SOLVENTS <input type="checkbox"/> 89289 DUE TO OTHER SPEC AGENTS <input type="checkbox"/> 708 URTICARIA										UNDEFINED DIAGNOSIS (if not listed in columns above) SECONDARY <input type="checkbox"/> 949 BURNS <input type="checkbox"/> 990 CONCUSSION, ACUTE, NOS <input type="checkbox"/> 9248 CONTUSIONS <input type="checkbox"/> 9299 CRUSHING INJURY, UNSPEC SITE <input type="checkbox"/> 839 DISLOCATION <input type="checkbox"/> 8363 DISLOCATION, PATELLA (CLOSED)																			
DISEASE NERVOUS SYSTEM/SERVO ORGAN <input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME <input type="checkbox"/> 388 CATARACT <input type="checkbox"/> 37230 CONJUNCTIVITIS <input type="checkbox"/> 345 EPILEPSY <input type="checkbox"/> 3738 INFLAMMATION OF LID, UNSPEC <input type="checkbox"/> 3881 NOISE EFFECTS ON INNER EAR <input type="checkbox"/> 3801 OTITIS EXTERNA <input type="checkbox"/> 3448 PARALYSIS/PARESIS																																							

OCCUPATIONAL THERAPY PATIENT (DHBA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN											
DAY	MONTH													
<input type="radio"/>	<input type="radio"/> Jan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> Feb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> Mar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> Apr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> May	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> Jun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> Jul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> Aug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> Sep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> Oct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> Nov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> Dec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
Other ☐ 1 ☐ 2 ☐ 3

VISIT COUNT

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

INPATIENT OR REFERRAL CODE

IF NOT LISTED AT LEFT

- ☐ AAAA
☐ AAAB
☐ AABA
☐ ABAA
☐ ABOA
☐ AEAA
☐ AFYA
☐ AFYC
☐ BAAA
☐ BACA
☐ BAKA
☐ BBAA
☐ BBBA
☐ BBDA
☐ BOAA
☐ BDZA
☐ BEAA
☐ BGYA
☐ BHAA
☐ BHAB
☐ BHAE
☐ BHAF
☐ BHAG
☐ BHEA
☐ BIYA
☐ DHDA

- ☐ A
☐ B
☐ C
☐ D
☐ E
☐ F
☐ G
☐ H
☐ I
☐ J
☐ K
☐ L
☐ M
☐ N
☐ O
☐ P
☐ Q
☐ R
☐ S
☐ T
☐ U
☐ V
☐ W
☐ X
☐ Y
☐ Z

PROVIDER

#1 CARE PROVIDER	#1 TIME SPENT WITH PATIENT	#2 CARE PROVIDER
<input type="radio"/>	<input type="radio"/> 2 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 10 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 15 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 20 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 30 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 45 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 1 hour	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 1½ hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 2½ hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 3 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 3½ hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 4 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 4½ hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5½ hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 6 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 6½ hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 7 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 7½ hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 8 hours	<input type="radio"/>

REASON - #2 PROVIDER

- ☐ Co-therapist
☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
Other ☐ 1 ☐ 2 ☐ 3

JOB REL ILL/INJ (not LOD det)

Yes ☐

MILITARY ONLY

- ☐ DUTY
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays

DO NOT MARK IN THIS AREA

20682

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES	
PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2
EVALUATIONS & ASSESSMENT			PROVIDER 2		
<input type="checkbox"/> 04142 INTERVIEW/HX	<input type="checkbox"/> 04158 COMMUNITY LIVING SKILLS ASSESS	<input type="checkbox"/> 04221 ATTENTION SPAN	<input type="checkbox"/> 04208 ROM, ACTIVE/ASSISTIVE	<input type="checkbox"/> 04207 ROM, PASSIVE	<input type="checkbox"/> 04211 SENSORY REEDUCATION
<input type="checkbox"/> 04140 SCREEN RECORD	<input type="checkbox"/> 04156 COPING STRATEGIES	<input type="checkbox"/> 04222 COGNITIVE REHABILITATION	<input type="checkbox"/> 04085 STRENGTHENING/ENDURANCE	<input type="checkbox"/> 04127 WOUND MANAGEMENT	
COGNITIVE STATUS			WORK/LEISURE		
<input type="checkbox"/> 04152 ATTENTION SPAN	<input type="checkbox"/> 04159 MOTIVATION	<input type="checkbox"/> 04220 REALITY ORIENTATION	<input type="checkbox"/> 04188 JOB ACQUISITION TRAINING	<input type="checkbox"/> 04196 LEISURE EDUCATION	<input type="checkbox"/> 04195 PREVOCATIONAL COUNSELING
<input type="checkbox"/> 04083 COMPREHENSION	<input type="checkbox"/> 04161 PROBLEM SOLVING/GOAL SETTING	<input type="checkbox"/> 04190 BEHAVIOR MODIFICATION	<input type="checkbox"/> 04082 PREVOCATIONAL TRAINING	<input type="checkbox"/> 04197 RECREATION ACTIVITY	<input type="checkbox"/> 04194 WORK ADJUSTMENT
<input type="checkbox"/> 04151 MEMORY	<input type="checkbox"/> 04154 SELF MAINTENANCE ASSESSMENT	<input type="checkbox"/> 04136 COMPENSATORY/ORGANIZATIONAL SKILLS DEV	<input type="checkbox"/> 04193 WORK HARDENING	<input type="checkbox"/> 04121 WORK SIMPLIFICATION	<input type="checkbox"/> 04126 WORK THERAPY
<input type="checkbox"/> 04081 ORIENTATION	<input type="checkbox"/> 04155 SOCIAL/INTERPERSONAL ASSESSMENT	<input type="checkbox"/> 04192 EDUCATION/CONSULTATION	<input type="checkbox"/> 04202 ADAPTIVE DEVICES	<input type="checkbox"/> 04208 AMPUTEE TRAINING	<input type="checkbox"/> 04206 BIOFEEDBACK
<input type="checkbox"/> 04088 PROBLEM SOLVING	<input type="checkbox"/> 04157 STRESS APPRAISAL	<input type="checkbox"/> 04189 HANDWRITING DEVELOPMENT	<input type="checkbox"/> 04200 CARDIAC REHABILITATION	<input type="checkbox"/> 04205 CASE CONFERENCE/PATIENT	<input type="checkbox"/> 04201 ENERGY CONSERVATION
DEVELOPMENTAL STATUS			<input type="checkbox"/> 04187 INFANT STIMULATION	<input type="checkbox"/> 04204 HOME PROGRAM	<input type="checkbox"/> 04101 JOINT PROTECTION TECHNIQUES
<input type="checkbox"/> 04168 DEVELOPMENTAL ASSESSMENT	<input type="checkbox"/> 04153 TASK PERFORMANCE EVAL	<input type="checkbox"/> 04188 LANGUAGE/COMMUNICATION	<input type="checkbox"/> 04203 TRANSFER TECHNIQUES		
<input type="checkbox"/> 90765 EFMP ASSESSMENT	<input type="checkbox"/> 04160 TIME MANAGEMENT/LIFE STYLE EVAL	<input type="checkbox"/> 04184 NEURO-DEVELOPMENTAL TREATMENT			
<input type="checkbox"/> 04169 FINE-MOTOR DEVELOPMENT	WORK/LEISURE STATUS				
<input type="checkbox"/> 04170 GROSS-MOTOR DEVELOPMENT	<input type="checkbox"/> 04177 LEISURE INVENTORY/HX	<input type="checkbox"/> 04187 NEURO-DEVELOPMENTAL TREATMENT			
<input type="checkbox"/> 04168 ORAL-MOTOR ASSESSMENT	<input type="checkbox"/> 04178 PLAY HISTORY	<input type="checkbox"/> 04184 ORAL-MOTOR TREATMENT			
<input type="checkbox"/> 04164 POSTURAL INTEGRATION	<input type="checkbox"/> 04173 PREVOCATIONAL EVAL	<input type="checkbox"/> 04185 SENSORY MOTOR TREATMENT			
<input type="checkbox"/> 04171 SEATING ASSESSMENT	<input type="checkbox"/> 04174 VOCATIONAL INTEREST TEST	<input type="checkbox"/> 04186 SENSORY INTEGRATION TREATMENT			
<input type="checkbox"/> 04167 SENSORY INTEGRATIVE EVALUATION	<input type="checkbox"/> 04176 WORK PERFORMANCE EVAL	<input type="checkbox"/> 04181 SOCIALIZATION TECHNIQUES			
<input type="checkbox"/> 04163 VISUAL PERCEPTION	<input type="checkbox"/> 04172 WORK SKILLS/HABITS	<input type="checkbox"/> 04189 SOMATOSENSORY STIMULATION			
<input type="checkbox"/> 04165 VISUAL-MOTOR INTEGRATION	<input type="checkbox"/> 04175 WORK THERAPY EVAL	<input type="checkbox"/> 04085 VISUAL MOTOR/PERCEPTION			
INDEPENDENT DAILY LIVING SKILLS			<input type="checkbox"/> 04087 VISUAL/AUDITORY MEMORY		
<input type="checkbox"/> 04150 COMPLETE ADL EVALUATION	<input type="checkbox"/> 04180 ADAPTIVE/ASSISTIVE	<input type="checkbox"/> 04087 PSYCHOSOCIAL			
<input type="checkbox"/> 04147 DRESSING	<input type="checkbox"/> 04182 HOME EVAL	<input type="checkbox"/> 04128 GROUP THERAPY			
<input type="checkbox"/> 04146 FEEDING/EATING	<input type="checkbox"/> 04179 ORTHOTIC EVAL	<input type="checkbox"/> 04229 INDIVIDUAL COUNSELING			
<input type="checkbox"/> 04149 FUNCTIONAL COMMUNICATION	<input type="checkbox"/> 04183 OTHER EVAL	<input type="checkbox"/> 04224 LIFE SKILLS TRAINING			
<input type="checkbox"/> 04148 FUNCTIONAL MOBILITY	<input type="checkbox"/> 04053 PROSTHETIC CHECKOUT	<input type="checkbox"/> 04129 PHYSICAL RECONDITIONING			
<input type="checkbox"/> 04145 GROOMING & HYGIENE	<input type="checkbox"/> 04181 REASSESSMENT	<input type="checkbox"/> 04125 STRESS MANAGEMENT			
NEUROMUSCULAR STATUS			<input type="checkbox"/> 04227 SUPPORTIVE ACTIVITY		
<input type="checkbox"/> 04143 EDEMA	ADL TRAINING			<input type="checkbox"/> 04225 TASK/COGNITIVE ACTIVITY	
<input type="checkbox"/> 04144 GROSS/FINE MOTOR COORD	<input type="checkbox"/> 04219 ADAPTIVE/ASSISTIVE DEVICES	<input type="checkbox"/> 04228 TIME MANAGEMENT	<input type="checkbox"/> 04226 VALUES CLARIFICATION TRNG		
<input type="checkbox"/> 04021 MUSCULOSKELETAL	<input type="checkbox"/> 04217 COMMUNICATION	<input type="checkbox"/> 04226 SENSORY MOTOR/NEUROMUSCULAR	<input type="checkbox"/> 04123 BURN PROTOCOL		
<input type="checkbox"/> 04011 RANGE OF MOTION	<input type="checkbox"/> 04215 DRESSING	<input type="checkbox"/> 04123 BURN PROTOCOL	<input type="checkbox"/> 04093 EDEMA CONTROL		
<input type="checkbox"/> 04019 REFLEX TESTING	<input type="checkbox"/> 04214 FEEDING	<input type="checkbox"/> 04093 EDEMA CONTROL	<input type="checkbox"/> 04092 FINE/GROSS-MOTOR COORDINATION		
<input type="checkbox"/> 04020 SENSORY	<input type="checkbox"/> 04213 GROOMING/HYGIENE	<input type="checkbox"/> 04092 FINE/GROSS-MOTOR COORDINATION	<input type="checkbox"/> 04210 MOTOR PLANNING		
<input type="checkbox"/> 04014 STRENGTH/ENDURANCE	<input type="checkbox"/> 04216 KITCHEN	<input type="checkbox"/> 04210 MOTOR PLANNING	<input type="checkbox"/> 04104 PAIN MANAGEMENT		
<input type="checkbox"/> 04013 VASCULAR	<input type="checkbox"/> 04218 OBJECT MANIPULATION	<input type="checkbox"/> 04104 PAIN MANAGEMENT	<input type="checkbox"/> 04212 PNF		
		<input type="checkbox"/> 04209 REFLEX INTEGRATION	<input type="checkbox"/> 04094 ROM, ACTIVE		
MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)					
1 st 2 nd		1 st 2 nd		1 st 2 nd	
PSYCHOLOGICAL PROBLEMS		MUSCULOSKELETAL PROBLEMS		MISCELLANEOUS	
<input type="checkbox"/> 3099 ADJUSTMENT DISORDER	<input type="checkbox"/> 6469 PREGNANCY COMPLICATION	<input type="checkbox"/> V5895 AFTERCARE, AMPUTATION	<input type="checkbox"/> V3791 REFLEX SYMPATHETIC DYSTROPHY	<input type="checkbox"/> V403 BEHAVIORAL PROBLEMS	
<input type="checkbox"/> 29693 AFFECTIVE DISORDER	<input type="checkbox"/> 585 RENAL FAILURE, CHRONIC	<input type="checkbox"/> V5841 AFTERCARE, KNEE SURGERY	<input type="checkbox"/> 78201 SENSORY NEUROPATHY/PARESTHESIA	<input type="checkbox"/> 7833 FEEDING PROBLEMS	
<input type="checkbox"/> 3000 ANXIETY DISORDER	<input type="checkbox"/> 0993 REITER'S DISEASE	<input type="checkbox"/> 71430 ARTHRITIS, JUVENILE RHEUMATOID	<input type="checkbox"/> 848 STRAIN/SPRAIN	<input type="checkbox"/> 78131 HANDWRITING PROBLEM	
<input type="checkbox"/> 311 DEPRESSION	<input type="checkbox"/> 5199 RESPIRATORY DISEASE	<input type="checkbox"/> 7140 ARTHRITIS, RHEUMATOID	<input type="checkbox"/> 72892 TENDINITIS	<input type="checkbox"/> V201 HIGH RISK INFANT	
<input type="checkbox"/> 30590 DRUG ABUSE	<input type="checkbox"/> 4599 VASCULAR DISEASE	<input type="checkbox"/> 7245 BACK PAIN	<input type="checkbox"/> 8487 TENDON LACERATION	<input type="checkbox"/> V400 LEARNING PROBLEM	
<input type="checkbox"/> 30490 DRUG DEPENDENCE	NEUROLOGICAL PROBLEMS		<input type="checkbox"/> 72707 TENOSYNOVITIS	<input type="checkbox"/> 3152 LEARNING DISABILITY	
<input type="checkbox"/> 3135 EMOTIONAL RELATIONSHIP DISTURB	<input type="checkbox"/> 74781 ANEURYSM, INTRACRANIAL	<input type="checkbox"/> 7273 BURSITIS	<input type="checkbox"/> 72703 TRIGGER FINGER/THUMB		
<input type="checkbox"/> 319 MENTAL RETARDATION	<input type="checkbox"/> 31400 ATTENTION DEFICIT DISORDER	<input type="checkbox"/> 72690 CAPSULITIS			
<input type="checkbox"/> V710 NP OBSERVATION	<input type="checkbox"/> 23963 BRAIN TUMOR	<input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME			
<input type="checkbox"/> 3109 ORGANIC BRAIN DISORDER	<input type="checkbox"/> 3439 CEREBRAL PALSY	<input type="checkbox"/> 95880 COMPARTMENT SYNDROME			
<input type="checkbox"/> 2979 PARANOID DISORDER	<input type="checkbox"/> 7803 CONVULSIONS/SEIZURE	<input type="checkbox"/> 7599 CONGENITAL DEFORMITY			
<input type="checkbox"/> 3019 PERSONALITY/CHARACTER DISORDER	<input type="checkbox"/> V5883 CRANIOTOMY AFTERCARE	<input type="checkbox"/> 71840 CONTRACTURE			
<input type="checkbox"/> 2989 PSYCHOTIC DISORDER	<input type="checkbox"/> 436 CVA	<input type="checkbox"/> 9249 CONTUSION			
<input type="checkbox"/> 29590 SCHIZOPHRENIC DISORDER	<input type="checkbox"/> 3158 DELAYED MILESTONES	<input type="checkbox"/> 72704 DE QUERVAIN'S DISEASE			
<input type="checkbox"/> 29540 SCHIZOPHRENIFORM DISORDER	<input type="checkbox"/> 7834 DEVELOPMENTAL DELAY-PHYSIOLOGIC	<input type="checkbox"/> 75590 DEFORMITY, JOINT			
<input type="checkbox"/> 95991 SUICIDE ATTEMPT	<input type="checkbox"/> 3483 ENCEPHALOPATHY (UNSPEC)	<input type="checkbox"/> 839 DISLOCATION			
<input type="checkbox"/> 30090 OTHER MENTAL DISORDER	<input type="checkbox"/> 345 EPILEPSY	<input type="checkbox"/> 7286 DUPUYTREN'S CONTRACTURE			
	<input type="checkbox"/> 3570 GURJAIN BARRE SYNDROME	<input type="checkbox"/> 7823 EDEMA			
	<input type="checkbox"/> 8453 HEAD TRAUMA	<input type="checkbox"/> 829 FRACTURE			
	<input type="checkbox"/> 31401 HYPERACTIVITY	<input type="checkbox"/> 72743 GANGLION CYST			
	<input type="checkbox"/> 3229 MENINGITIS, UNSPEC	<input type="checkbox"/> 95341 INJURY, BRACHIAL PLEXUS			
	<input type="checkbox"/> 31491 MINIMAL BRAIN DYSFUNCTION	<input type="checkbox"/> 71948 JOINT PAIN/BACK			
	<input type="checkbox"/> 340 MULTIPLE SCLEROSIS	<input type="checkbox"/> V436 JOINT REPLACEMENT/ARTHROPLASTY			
	<input type="checkbox"/> 35592 NEUROPATHY	<input type="checkbox"/> 7106 JOINT STIFFNESS			
	<input type="checkbox"/> 3499 OTHER CNS DISORDER	<input type="checkbox"/> 95971 KNEE INJURY/PAIN			
	<input type="checkbox"/> 332 PARKINSON'S DISEASE	<input type="checkbox"/> 7361 Mallet Finger			
	<input type="checkbox"/> 95791 PERIPHERAL NERVE INJURY	<input type="checkbox"/> 7288 MUSCLE WEAKNESS			
	<input type="checkbox"/> 3588 SENSORIMOTOR DELAY	<input type="checkbox"/> 35585 NERVE ENTRAPMENT SYNDROME			
	<input type="checkbox"/> 74190 SPINA BIFIDA	<input type="checkbox"/> 71590 OSTEOARTHRITIS			
	<input type="checkbox"/> 9529 SPINAL CORD INJURY	<input type="checkbox"/> 35492 PALSY, NERVE, UE			
	<input type="checkbox"/> 3360 SYRINGOMELIA	<input type="checkbox"/> 3449 PARALYSIS/PARESIS			
	<input type="checkbox"/> 36818 VISUAL/PERCEPTUAL MOTOR DYSFUNC	<input type="checkbox"/> 6819 PARONYCHIA			
UNLISTED REASON FOR VISIT (if not listed in columns above)					
PRIMARY		SECONDARY			
<input type="checkbox"/> V. 0 0 0 0 0 0	<input type="checkbox"/> V 0 0 0 0 0 0	<input type="checkbox"/> 0 1 0 0 0 0	<input type="checkbox"/> 0 1 0 0 0 0	<input type="checkbox"/> 0 1 0 0 0 0	<input type="checkbox"/> 0 1 0 0 0 0
<input type="checkbox"/> 0 1 0 0 0 0	<input type="checkbox"/> 0 1 0 0 0 0	<input type="checkbox"/> 0 2 0 0 0 0	<input type="checkbox"/> 0 2 0 0 0 0	<input type="checkbox"/> 0 2 0 0 0 0	<input type="checkbox"/> 0 2 0 0 0 0
<input type="checkbox"/> 0 3 0 0 0 0	<input type="checkbox"/> 0 3 0 0 0 0	<input type="checkbox"/> 0 4 0 0 0 0	<input type="checkbox"/> 0 4 0 0 0 0	<input type="checkbox"/> 0 4 0 0 0 0	<input type="checkbox"/> 0 4 0 0 0 0
<input type="checkbox"/> 0 5 0 0 0 0	<input type="checkbox"/> 0 5 0 0 0 0	<input type="checkbox"/> 0 6 0 0 0 0	<input type="checkbox"/> 0 6 0 0 0 0	<input type="checkbox"/> 0 6 0 0 0 0	<input type="checkbox"/> 0 6 0 0 0 0
<input type="checkbox"/> 0 7 0 0 0 0	<input type="checkbox"/> 0 7 0 0 0 0	<input type="checkbox"/> 0 8 0 0 0 0	<input type="checkbox"/> 0 8 0 0 0 0	<input type="checkbox"/> 0 8 0 0 0 0	<input type="checkbox"/> 0 8 0 0 0 0
<input type="checkbox"/> 0 9 0 0 0 0	<input type="checkbox"/> 0 9 0 0 0 0	<input type="checkbox"/> 0 0 0 0 0 0	<input type="checkbox"/> 0 0 0 0 0 0	<input type="checkbox"/> 0 0 0 0 0 0	<input type="checkbox"/> 0 0 0 0 0 0

FOR CLERICAL USE ONLY

PATIENT INFORMATION

FMP	SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

DIAGNOSIS

0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

OT (DHBA)
REPEAT
VISIT

INPATIENT OR REFERRAL CODE

<input type="radio"/> AAAA	<input type="radio"/> BBAA
<input type="radio"/> AAAB	<input type="radio"/> BDAA
<input type="radio"/> ABAA	<input type="radio"/> BEAA
<input type="radio"/> ABDA	<input type="radio"/> BGYA
<input type="radio"/> AEAA	<input type="radio"/> BNAE
<input type="radio"/> AFYA	<input type="radio"/> BNAF
<input type="radio"/> AFYC	<input type="radio"/> BNAG
<input type="radio"/> BAAA	<input type="radio"/> BIYA
<input type="radio"/> BBAA	<input type="radio"/> DHDA

(IF NOT LISTED)

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M

TODAY'S DATE

DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

UNLISTED PROCEDURE

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

PROVIDER

#1	#2
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

PROCEDURES

<input type="radio"/> ADL TRNG-DRESSING
<input type="radio"/> ADL TRNG-FEEDING
<input type="radio"/> ADL TRNG-GROOMING/HYGIENE
<input type="radio"/> COMPENSATORY/ORGANZTL SKLS
<input type="radio"/> EDUCATION/CONSULTATION
<input type="radio"/> GROSS/FINE COORDINATION
<input type="radio"/> GROUP THERAPY
<input type="radio"/> INDIVIDUAL COUNSELING
<input type="radio"/> LEISURE EDUCATION
<input type="radio"/> LIFE SKILL TRNG
<input type="radio"/> NEURODEVELOPMENTAL TX
<input type="radio"/> PAIN MANAGEMENT
<input type="radio"/> PHYSICAL RECONDITIONING
<input type="radio"/> ROM, ACTIVE
<input type="radio"/> ROM, ACTIVE/ASSISTIVE
<input type="radio"/> ROM, PASSIVE
<input type="radio"/> SENSORY INTEGRATION TX
<input type="radio"/> SENSORY MOTOR TREATMENT
<input type="radio"/> STRENGTHENING/ENDURANCE
<input type="radio"/> STRESS MANAGEMENT
<input type="radio"/> SUPPORTIVE ACTIVITY
<input type="radio"/> VISUAL/MOTOR PERCEPTION
<input type="radio"/> VISUAL/AUDITORY MEMORY
<input type="radio"/> WORK ADJUSTMENT
<input type="radio"/> WORK THERAPY
<input type="radio"/> WOUND MANAGEMENT

CARE PROVIDER #1

A	A	A	A	A	A
B	B	B	B	B	B
C	C	C	C	C	C
D	D	D	D	D	D
E	E	E	E	E	E
F	F	F	F	F	F
G	G	G	G	G	G
H	H	H	H	H	H
I	I	I	I	I	I
J	J	J	J	J	J
K	K	K	K	K	K
L	L	L	L	L	L
M	M	M	M	M	M

TIME SPENT #1

<input type="radio"/> 5 min.	<input type="radio"/> 30 min.
<input type="radio"/> 10 min.	<input type="radio"/> 45 min.
<input type="radio"/> 15 min.	<input type="radio"/> 1 hr.
<input type="radio"/> 20 min.	<input type="radio"/> >1 hr.

CARE PROVIDER #2

A	A	A	A	A	A
B	B	B	B	B	B
C	C	C	C	C	C
D	D	D	D	D	D
E	E	E	E	E	E
F	F	F	F	F	F
G	G	G	G	G	G
H	H	H	H	H	H
I	I	I	I	I	I
J	J	J	J	J	J
K	K	K	K	K	K
L	L	L	L	L	L
M	M	M	M	M	M

TIME SPENT #2

<input type="radio"/> 5 min.	<input type="radio"/> 30 min.
<input type="radio"/> 10 min.	<input type="radio"/> 45 min.
<input type="radio"/> 15 min.	<input type="radio"/> 1 hr.
<input type="radio"/> 20 min.	<input type="radio"/> >1 hr.

REASON FOR #2 CARE PROVIDER

<input type="radio"/> Co-therapist
<input type="radio"/> Teaching/Supervision
<input type="radio"/> Consultation
<input type="radio"/> Procedure/Treatment
Other

VISIT COUNT

0	4	7
2	5	8
3	6	9

TODAY'S DATE

DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

UNLISTED PROCEDURE

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

PROVIDER

#1	#2
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

PROCEDURES

<input type="radio"/> ADL TRNG-DRESSING
<input type="radio"/> ADL TRNG-FEEDING
<input type="radio"/> ADL TRNG-GROOMING/HYGIENE
<input type="radio"/> COMPENSATORY/ORGANZTL SKLS
<input type="radio"/> EDUCATION/CONSULTATION
<input type="radio"/> GROSS/FINE COORDINATION
<input type="radio"/> GROUP THERAPY
<input type="radio"/> INDIVIDUAL COUNSELING
<input type="radio"/> LEISURE EDUCATION
<input type="radio"/> LIFE SKILL TRNG
<input type="radio"/> NEURODEVELOPMENTAL TX
<input type="radio"/> PAIN MANAGEMENT
<input type="radio"/> PHYSICAL RECONDITIONING
<input type="radio"/> ROM, ACTIVE
<input type="radio"/> ROM, ACTIVE/ASSISTIVE
<input type="radio"/> ROM, PASSIVE
<input type="radio"/> SENSORY INTEGRATION TX
<input type="radio"/> SENSORY MOTOR TREATMENT
<input type="radio"/> STRENGTHENING/ENDURANCE
<input type="radio"/> STRESS MANAGEMENT
<input type="radio"/> SUPPORTIVE ACTIVITY
<input type="radio"/> VISUAL/MOTOR PERCEPTION
<input type="radio"/> VISUAL/AUDITORY MEMORY
<input type="radio"/> WORK ADJUSTMENT
<input type="radio"/> WORK THERAPY
<input type="radio"/> WOUND MANAGEMENT

CARE PROVIDER #1

A	A	A	A	A	A
B	B	B	B	B	B
C	C	C	C	C	C
D	D	D	D	D	D
E	E	E	E	E	E
F	F	F	F	F	F
G	G	G	G	G	G
H	H	H	H	H	H
I	I	I	I	I	I
J	J	J	J	J	J
K	K	K	K	K	K
L	L	L	L	L	L
M	M	M	M	M	M

TIME SPENT #1

<input type="radio"/> 5 min.	<input type="radio"/> 30 min.
<input type="radio"/> 10 min.	<input type="radio"/> 45 min.
<input type="radio"/> 15 min.	<input type="radio"/> 1 hr.
<input type="radio"/> 20 min.	<input type="radio"/> >1 hr.

CARE PROVIDER #2

A	A	A	A	A	A
B	B	B	B	B	B
C	C	C	C	C	C
D	D	D	D	D	D
E	E	E	E	E	E
F	F	F	F	F	F
G	G	G	G	G	G
H	H	H	H	H	H
I	I	I	I	I	I
J	J	J	J	J	J
K	K	K	K	K	K
L	L	L	L	L	L
M	M	M	M	M	M

TIME SPENT #2

<input type="radio"/> 5 min.	<input type="radio"/> 30 min.
<input type="radio"/> 10 min.	<input type="radio"/> 45 min.
<input type="radio"/> 15 min.	<input type="radio"/> 1 hr.
<input type="radio"/> 20 min.	<input type="radio"/> >1 hr.

REASON FOR #2 CARE PROVIDER

<input type="radio"/> Co-therapist
<input type="radio"/> Teaching/Supervision
<input type="radio"/> Consultation
<input type="radio"/> Procedure/Treatment
Other

VISIT COUNT

0	4	7
2	5	8
3	6	9

DO NOT MARK IN THIS AREA

21301

TODAY'S DATE	
DAY	MONTH
1	Jan
2	Feb
3	Mar
4	Apr
5	May
6	Jun
7	Jul
8	Aug
9	Sep
0	Oct
1	Nov
2	Dec

UNLISTED PROCEDURE				
1	2	3	4	5
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

PROCEDURES	
<input type="checkbox"/>	ADL TRNG-DRESSING
<input type="checkbox"/>	ADL TRNG-FEEDING
<input type="checkbox"/>	ADL TRNG-GROOMING/HYGIENE
<input type="checkbox"/>	COMPENSATORY/ORGANIZTL SKLS
<input type="checkbox"/>	EDUCATION/CONSULTATION
<input type="checkbox"/>	GROSS/FINE COORDINATION
<input type="checkbox"/>	GROUP THERAPY
<input type="checkbox"/>	INDIVIDUAL COUNSELING
<input type="checkbox"/>	LEISURE EDUCATION
<input type="checkbox"/>	LIFE SKILL TRNG
<input type="checkbox"/>	NEURODEVELOPMENTAL TX
<input type="checkbox"/>	PAIN MANAGEMENT
<input type="checkbox"/>	PHYSICAL RECONDITIONING
<input type="checkbox"/>	ROM, ACTIVE
<input type="checkbox"/>	ROM, ACTIVE/ASSISTIVE
<input type="checkbox"/>	ROM, PASSIVE
<input type="checkbox"/>	SENSORY INTEGRATION TX
<input type="checkbox"/>	SENSORY MOTOR TREATMENT
<input type="checkbox"/>	STRENGTHENING/ENDURANCE
<input type="checkbox"/>	STRESS MANAGEMENT
<input type="checkbox"/>	SUPPORTIVE ACTIVITY
<input type="checkbox"/>	VISUAL/MOTOR PERCEPTION
<input type="checkbox"/>	VISUAL/AUDITORY MEMORY
<input type="checkbox"/>	WORK ADJUSTMENT
<input type="checkbox"/>	WORK THERAPY
<input type="checkbox"/>	WOUND MANAGEMENT

CARE PROVIDER #1				
1	2	3	4	5
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

CARE PROVIDER #2				
1	2	3	4	5
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

VISIT COUNT		
0	0	0
1	1	1
2	2	2
3	3	3

REASON FOR #2 CARE PROVIDER	
<input type="checkbox"/>	Co-therapist
<input type="checkbox"/>	Teaching/Supervision
<input type="checkbox"/>	Consultation
<input type="checkbox"/>	Procedure/Treatment
<input type="checkbox"/>	Other

TODAY'S DATE	
DAY	MONTH
0	Jan
1	Feb
2	Mar
3	Apr
4	May
5	Jun
6	Jul
7	Aug
8	Sep
9	Oct
0	Nov
1	Dec

UNLISTED PROCEDURE				
1	2	3	4	5
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

PROCEDURES	
<input type="checkbox"/>	ADL TRNG-DRESSING
<input type="checkbox"/>	ADL TRNG-FEEDING
<input type="checkbox"/>	ADL TRNG-GROOMING/HYGIENE
<input type="checkbox"/>	COMPENSATORY/ORGANIZTL SKLS
<input type="checkbox"/>	EDUCATION/CONSULTATION
<input type="checkbox"/>	GROSS/FINE COORDINATION
<input type="checkbox"/>	GROUP THERAPY
<input type="checkbox"/>	INDIVIDUAL COUNSELING
<input type="checkbox"/>	LEISURE EDUCATION
<input type="checkbox"/>	LIFE SKILL TRNG
<input type="checkbox"/>	NEURODEVELOPMENTAL TX
<input type="checkbox"/>	PAIN MANAGEMENT
<input type="checkbox"/>	PHYSICAL RECONDITIONING
<input type="checkbox"/>	ROM, ACTIVE
<input type="checkbox"/>	ROM, ACTIVE/ASSISTIVE
<input type="checkbox"/>	ROM, PASSIVE
<input type="checkbox"/>	SENSORY INTEGRATION TX
<input type="checkbox"/>	SENSORY MOTOR TREATMENT
<input type="checkbox"/>	STRENGTHENING/ENDURANCE
<input type="checkbox"/>	STRESS MANAGEMENT
<input type="checkbox"/>	SUPPORTIVE ACTIVITY
<input type="checkbox"/>	VISUAL/MOTOR PERCEPTION
<input type="checkbox"/>	VISUAL/AUDITORY MEMORY
<input type="checkbox"/>	WORK ADJUSTMENT
<input type="checkbox"/>	WORK THERAPY
<input type="checkbox"/>	WOUND MANAGEMENT

CARE PROVIDER #1				
1	2	3	4	5
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

CARE PROVIDER #2				
1	2	3	4	5
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

VISIT COUNT		
0	0	0
1	1	1
2	2	2
3	3	3

REASON FOR #2 CARE PROVIDER	
<input type="checkbox"/>	Co-therapist
<input type="checkbox"/>	Teaching/Supervision
<input type="checkbox"/>	Consultation
<input type="checkbox"/>	Procedure/Treatment
<input type="checkbox"/>	Other

MAKE NO STRAY MARKS

ONCOLOGY/HEMATOLOGY PATIENT (BAMA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE	
DAY	MONTH
<input type="radio"/>	Jan
<input type="radio"/>	Feb
<input type="radio"/>	Mar
<input type="radio"/>	Apr
<input type="radio"/>	May
<input type="radio"/>	Jun
<input type="radio"/>	Jul
<input type="radio"/>	Aug
<input type="radio"/>	Sep
<input type="radio"/>	Oct
<input type="radio"/>	Nov
<input type="radio"/>	Dec

FMP
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>

SPONSOR'S SSN									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OTHER UCA	
<input type="radio"/> BAMB	<input type="radio"/> BAAA
<input type="radio"/> BAHA	

IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
Other <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

VISIT COUNT
<input type="radio"/> 0
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

UCA CODE (if not above)
<input type="radio"/> A
<input type="radio"/> B
<input type="radio"/> C
<input type="radio"/> D
<input type="radio"/> E
<input type="radio"/> F
<input type="radio"/> G
<input type="radio"/> H
<input type="radio"/> I
<input type="radio"/> J
<input type="radio"/> K
<input type="radio"/> L
<input type="radio"/> M
<input type="radio"/> N
<input type="radio"/> O
<input type="radio"/> P
<input type="radio"/> Q
<input type="radio"/> R
<input type="radio"/> S
<input type="radio"/> T
<input type="radio"/> U
<input type="radio"/> V
<input type="radio"/> W
<input type="radio"/> X
<input type="radio"/> Y
<input type="radio"/> Z

INPATIENT OR REFERRAL CODE
<input type="radio"/> A
<input type="radio"/> B
<input type="radio"/> C
<input type="radio"/> D
<input type="radio"/> E
<input type="radio"/> F
<input type="radio"/> G
<input type="radio"/> H
<input type="radio"/> I
<input type="radio"/> J
<input type="radio"/> K
<input type="radio"/> L
<input type="radio"/> M
<input type="radio"/> N
<input type="radio"/> O
<input type="radio"/> P
<input type="radio"/> Q
<input type="radio"/> R
<input type="radio"/> S
<input type="radio"/> T
<input type="radio"/> U
<input type="radio"/> V
<input type="radio"/> W
<input type="radio"/> X
<input type="radio"/> Y
<input type="radio"/> Z

PROVIDER

#1 CARE PROVIDER	#1 TIME SPENT WITH PATIENT	#2 CARE PROVIDER
<input type="radio"/>	<input type="radio"/> 2 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 10 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 15 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 20 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 30 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 45 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 1 hour	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 1 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 2 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 3 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 3 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 4 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 4 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 6 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 6 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 7 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 7 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 8 hours	<input type="radio"/>

REASON FOR #2 CARE PROVIDER
<input type="radio"/> Teaching/Supervision
<input type="radio"/> Consultation
<input type="radio"/> Procedure/Treatment
Other <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

NOT AVAILABLE
<input type="radio"/> Medical record
<input type="radio"/> Lab results
<input type="radio"/> X-Rays

SPECIFIC PREASSIGNED CLINIC CODES
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

DO NOT MARK IN THIS AREA

5472

EVALUATIONS SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
PROVIDER 1	PROVIDER 2	PROVIDER 3	PROVIDER 2	PROVIDER 2
1	2	3	Yes	Yes
<input type="checkbox"/> 02020 BIOPSY BONE/MARROW	<input type="checkbox"/> 48080 PARACENTESIS	<input type="checkbox"/> 98509 COMPLEX INFUS/PUSH MULTI-AGENT, NOT PRE-MIXED	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 85000 BLEEDING TIME (DUKE)	<input type="checkbox"/> 97205 PERIPHERAL SMEAR INTERPRETATION	<input type="checkbox"/> 98512 COMPLEX, VENOUS ACCESS DEVICE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 85087 BONE MARROW INTERPRETATION	<input type="checkbox"/> 89185 PHLEBOTOMY, THERAPEUTIC	<input type="checkbox"/> 98540 INTRATHECAL, RESERVOIR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 87080 CULTURE, THROAT	<input type="checkbox"/> 96000 START IV	<input type="checkbox"/> 98505 MULTI, PRE-MIX INFUS/PUSH	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 90024 GEN MED EXAM	<input type="checkbox"/> 90002 SUTURE REMOVAL	<input type="checkbox"/> 98520 PUMP FILLING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95120 IMMUNOTHERAPY	<input type="checkbox"/> 96430 TRANSFUSION, BLOOD/PLATELETS	<input type="checkbox"/> 98501 SINGLE PRE-MIX, INFUS/PUSH	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 82270 LUMBAR PUNCTURE	<input type="checkbox"/> 32000 THORACENTESIS, DIAGNOSTIC	<input type="checkbox"/> 80805 CONSULTATION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 98157 NURSE PATIENT COUNSELING	<input type="checkbox"/> 36415 VEMPUNCTURE		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 98521 VENOUS ACCESS DEVICE		<input type="checkbox"/>	<input type="checkbox"/>

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)			ADDITIONAL REASONS FOR VISIT	
1	2	3	1	2
<input type="checkbox"/> 285 ANEMIA, UNSPECIFIED	<input type="checkbox"/> 481 SINUSITIS, ACUTE	<input type="checkbox"/> 74258 MYELODYSPLASTIC SYNDROME	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 23908 COLON, UNSPEC	<input type="checkbox"/> 6280 STOMATITIS	<input type="checkbox"/> 28882 MYELOFIBROSIS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 201 HODGKIN'S DISEASE	<input type="checkbox"/> 4859 URI	<input type="checkbox"/> 2890 POLYCYTHEMIA, SECONDARY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2041 LEUKEMIA, LYMPHOCYTIC, CHRONIC		<input type="checkbox"/> 28901 POLYCYTHEMIA, SPURIOUS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1829 LUNG	<input type="checkbox"/> 284 APLASTIC	<input type="checkbox"/> 2384 POLYCYTHEMIA, VERA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 20090 LYMPHOMA HISTIOCYTIC	<input type="checkbox"/> 28481 APLASTIC, DUE TO CHRONIC DIS	<input type="checkbox"/> 28991 THROMBOCYTOSIS, ESSENTIAL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 22991 LYMPHOMA, BENIGN	<input type="checkbox"/> 2851 BLOOD LOSS, ACUTE	<input type="checkbox"/> 28992 THROMBOCYTOSIS, OTHER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 20282 LYMPHOMA, MALIGNANT	<input type="checkbox"/> 2812 DEFICIENCY, FOLATE	<input type="checkbox"/> MISCELLANEOUS HEMATOLOGIC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1749 MALIGNANT, BREAST, FEMALE	<input type="checkbox"/> 28220 DEFICIENCY, G-6PD	<input type="checkbox"/> 2883 EOSINOPHILIA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 172 MELANOMA	<input type="checkbox"/> 280 DEFICIENCY, IRON	<input type="checkbox"/> 27501 HEMOCHROMATOSIS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2030 MYELOMA, MULTIPLE	<input type="checkbox"/> 2811 DEFICIENCY, VITAMIN B-12	<input type="checkbox"/> 2894 HYPERSPLENISM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 23905 PANCREAS	<input type="checkbox"/> 2827 HEMOGLOBINOPATHY, OTHER	<input type="checkbox"/> 2771 PORPHYRIA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 23955 PROSTATE, UNSPEC	<input type="checkbox"/> 2825 HEMOLYTIC, HEREDITARY	<input type="checkbox"/> 20231 RETICULENDOTHELIOSIS, MALIGNANT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 23902 STOMACH	<input type="checkbox"/> 2839 HEMOLYTIC, ACQUIRED	<input type="checkbox"/> 7882 SPLENOMEGALY, SYM/SIGN	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 28981 MACROCYTOSIS		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2826 SICKLE CELL	<input type="checkbox"/> 7806 FEVER OF UNKNOWN ORIGIN	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2850 SICKLE CELL, ANEMIA	<input type="checkbox"/> 0539 HERPES ZOSTER	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2824 THALASSEMIA	<input type="checkbox"/> 3229 MENINGITIS, UNSPEC	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2866 COAGULOPATHY, INTRAVAS DISS	<input type="checkbox"/> 488 PNEUMONIA, UNSPEC	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2865 COAGULOPATHY, DUE INHIBITORS	<input type="checkbox"/> 0798 VIRAL SYNDROME, NOS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 28711 COAGULOP, PLATELET DEFECT, ACQ		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2864 COAGULOP, PLAT DEF, HEREDITARY	<input type="checkbox"/> 493 ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2860 DEFICIENCY, FACTOR VII	<input type="checkbox"/> 4880 BRONCHITIS, ACUTE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2861 DEFICIENCY, FACTOR IX	<input type="checkbox"/> 491 BRONCHITIS, CHRONIC	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2863 DEFICIENCY, FACTOR, OTHER	<input type="checkbox"/> 496 COPD	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2873 PURPURA-THROMBOCYTOPENIC (PTP)		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2874 THROMBOCYTOPENIA, DRUG RELATED	<input type="checkbox"/> 7184 ARTHRALGIA	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2875 THROMBOCYTOPENIA, OTHER	<input type="checkbox"/> 7245 BACK PAIN	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> 7273 BURSTITIS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 042 AIDS	<input type="checkbox"/> 7109 CONNECTIVE TISSUE DISEASE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 27922 HEREDITARY	<input type="checkbox"/> 274 GOUT	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2040 LYMPHOCYTIC, ACUTE	<input type="checkbox"/> 7330 OSTEOPOROSIS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 20501 MYELOCYTIC, ACUTE	<input type="checkbox"/> 7140 RHEUMATOID ARTHRITIS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 20511 MYELOCYTIC, CHRONIC	<input type="checkbox"/> 7270 SYNOVITIS/TENOSYNOVITIS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 208 NOT OTHERWISE SPECIFIED		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2888 LEUKOCYTOSIS	<input type="checkbox"/> 30040 DEPRESSION, REACTIVE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2880 LEUKOPENIA	<input type="checkbox"/> 345 EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> 7840 HEADACHES	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> 78193 ILL-DEFINED NEUROLOGIC SYMPTOM	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> 7882 NERVOUSNESS	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> 2805 ORGANIC MENTAL DIS, UNCOMPLIC	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> 3569 PERIPHERAL NEUROPATHY, NOS	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> 7802 SYNCOPE	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> 4359 TRANSIENT CEREBRAL ISCHEMIA	<input type="checkbox"/>	<input type="checkbox"/>

OPHTHALMOLOGY PATIENT (BBDA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARKS



PATIENT DATA

[illegible]

IF NOT SCHEDULED

APPOINTMENT
STATUS

- ☐ Unscheduled
☒ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
 Other ☐ ☐ ☐

**VISIT
COUNT**

- (1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

UCA CODE
if not above

[illegible]INPATIENT OR
REFERRAL CODE[illegible]**PROVIDER**

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
		2 minutes		
		5 minutes		
		10 minutes		
		15 minutes		
		20 minutes		
		30 minutes		
		45 minutes		
		1 hour		
		1½ hours		
		2 hours		
		2½ hours		
		3 hours		
		3½ hours		
		4 hours		
		4½ hours		
		5 hours		
		5½ hours		
		6 hours		
		6½ hours		
		7 hours		
		7½ hours		
		8 hours		

REASON FOR #2
CARE PROVIDER

- ☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
 Other ☐ 1 ☐ 2 ☐ 3

JOB REL ILL/INJ
(not LOD det)

Yes

MILITARY ONLY

- ☐ **DUTY**
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ **LIMITED DUTY**

**SPECIFIC
PREASSIGNED
CLINIC
CODES**

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays

[illegible]

DO NOT MARK IN THIS AREA

21091

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES	
PROVIDER 1	PROVIDER 2	PROVIDER 3	PROVIDER 4	PROVIDER 5	PROVIDER 6
<input type="checkbox"/> 92376 SPECTACLE PROCEDURE (FIT, ORDER, ADJUST) GENERAL EYE EXAM <input type="checkbox"/> 90018 LIMITED <input type="checkbox"/> 92004 COMPREHENSIVE	<input type="checkbox"/> 92285 EXTERNAL/SUT LAMP PHOTOGRAPHY <input type="checkbox"/> 92235 FLUORESCIN ANGIOGRAPHY <input type="checkbox"/> 92250 FUNDUS PHOTOGRAPHY <input type="checkbox"/> 68100 BIOPSY, CONJUNCTIVA, EYELID <input type="checkbox"/> 67810 BIOPSY, EYELID <input type="checkbox"/> 15820 BLEPHAROPLASTY, LOWER EYELID <input type="checkbox"/> 15822 BLEPHAROPLASTY, UPPER EYELID <input type="checkbox"/> 68984 CATARACT EXTRACTION W/ IOL <input type="checkbox"/> 68940 CATARACT EXTRACTION W/O IOL <input type="checkbox"/> 68224 CORNEAL FOREIGN BODY REMOVAL <input type="checkbox"/> 68883 CRYOTHERAPY, CILIARY BODY <input type="checkbox"/> 67103 CRYOTHERAPY, RETINAL <input type="checkbox"/> 67914 ECTROPION REPAIR <input type="checkbox"/> 67921 ENTROPION REPAIR <input type="checkbox"/> 67825 EPLATION OF LASHES	<input type="checkbox"/> 12010 EYELID LACERATION REPAIR <input type="checkbox"/> 67840 EYELID LESION EXCISION <input type="checkbox"/> 68763 PHOTOCOAGULATION, ANT SEGMENT <input type="checkbox"/> 67105 PHOTOCOAGULATION, RETINA <input type="checkbox"/> 68820 NASOLACRIMAL DUCT PROBE <input type="checkbox"/> 65420 PTERYGIUM EXCISION <input type="checkbox"/> 67801 PTOSIS REPAIR <input type="checkbox"/> 67501 RETROBULBAR, PERIOCCULAR INJECT <input type="checkbox"/> 68985 SECONDARY IMPLANT <input type="checkbox"/> 90002 SUTURE REMOVAL <input type="checkbox"/> 67880 TARSORRHAPHY <input type="checkbox"/> 37609 TEMPORAL ARTERY BIOPSY <input type="checkbox"/> 90605 CONSULTATION	<input type="checkbox"/> 92283 COLOR VISION <input type="checkbox"/> 68888 FLUORESCIN DYE TEST <input type="checkbox"/> 92020 GONIOSCOPY <input type="checkbox"/> 68780 KERATOMETRY <input type="checkbox"/> 92481 LENSOMETRY <input type="checkbox"/> 68821 LACRIMAL PROBING/IRRIGATION <input type="checkbox"/> 92083 PERIMETER <input type="checkbox"/> 68888 SCHURMER TEAR TEST <input type="checkbox"/> 76518 ULTRASONOGRAPHY A-SCAN <input type="checkbox"/> 76517 ULTRASONOGRAPHY B-SCAN	<input type="checkbox"/> 17311 BASAL CELL CARCINOMA OF LID <input type="checkbox"/> 33381 BLEPHAROSPASM <input type="checkbox"/> 3750 DACRYODENITIS <input type="checkbox"/> 70181 DERMATOCHALASIS, SENILE <input type="checkbox"/> 3741 ECTROPION <input type="checkbox"/> 3740 ENTROPION <input type="checkbox"/> 37850 ENOPHTHALMOS <input type="checkbox"/> 3752 EPIPHORA <input type="checkbox"/> 37830 EXOPHTHALMOS <input type="checkbox"/> 37823 GRAVES' DISEASE <input type="checkbox"/> 37558 LACRIMAL OBSTRUCTION <input type="checkbox"/> 2241 ORBITAL TUMOR, BENIGN <input type="checkbox"/> 1901 ORBITAL TUMOR, MALIGNANT <input type="checkbox"/> 37890 ORBITAL VASCULAR ANOMALIES <input type="checkbox"/> 37405 TRICHIASIS <input type="checkbox"/> 37490 OTHER	<input type="checkbox"/> 940 BURN, EYE/ADNEXA <input type="checkbox"/> 9219 CONTUSION, EYE <input type="checkbox"/> 91811 CORNEAL ABRASION <input type="checkbox"/> 9300 CORNEAL FOREIGN BODY <input type="checkbox"/> 87141 CORNEAL/SCLERAL LACERATION <input type="checkbox"/> 950 CRANIAL NERVE INJURY <input type="checkbox"/> 8700 EYELID LACERATION <input type="checkbox"/> 8028 FRACTURE, BLOW-OUT <input type="checkbox"/> 36441 HYPHEMA <input type="checkbox"/> 87161 INTRAOCULAR FOREIGN BODY <input type="checkbox"/> 8702 TEAR DUCT LACERATION <input type="checkbox"/> V6554 WORRIED/CONCERNED WELL <input type="checkbox"/> V6555 HEALTH MAINTENANCE/ WELLNESS

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)			
1*	2*	3*	4*
<input type="checkbox"/> 37313 BULLOUS KERATOPATHY <input type="checkbox"/> 3720 CONJUNCTIVITIS, ACUTE <input type="checkbox"/> 3721 CONJUNCTIVITIS, CHRONIC <input type="checkbox"/> 37150 CORNEAL DYSTROPHY <input type="checkbox"/> 3712 CORNEAL EDEMA <input type="checkbox"/> 3710 CORNEAL SCARS <input type="checkbox"/> 3700 CORNEAL ULCER <input type="checkbox"/> 3800 ENDOPTHALMITIS <input type="checkbox"/> 36400 IRIDOCYCLITIS, ACUTE <input type="checkbox"/> 36410 IRIDOCYCLITIS, CHRONIC <input type="checkbox"/> 3716 KERATOCONUS <input type="checkbox"/> 3724 PTERYGIUM <input type="checkbox"/> 36442 RUBEOSIS IRIDIS <input type="checkbox"/> 3719 OTHER CORNEAL DISORDER	<input type="checkbox"/> 37311 BASAL CELL CARCINOMA OF LID <input type="checkbox"/> 33381 BLEPHAROSPASM <input type="checkbox"/> 3750 DACRYODENITIS <input type="checkbox"/> 70181 DERMATOCHALASIS, SENILE <input type="checkbox"/> 3741 ECTROPION <input type="checkbox"/> 3740 ENTROPION <input type="checkbox"/> 37850 ENOPHTHALMOS <input type="checkbox"/> 3752 EPIPHORA <input type="checkbox"/> 37830 EXOPHTHALMOS <input type="checkbox"/> 37823 GRAVES' DISEASE <input type="checkbox"/> 37558 LACRIMAL OBSTRUCTION <input type="checkbox"/> 2241 ORBITAL TUMOR, BENIGN <input type="checkbox"/> 1901 ORBITAL TUMOR, MALIGNANT <input type="checkbox"/> 37890 ORBITAL VASCULAR ANOMALIES <input type="checkbox"/> 37405 TRICHIASIS <input type="checkbox"/> 37490 OTHER	<input type="checkbox"/> 37311 BASAL CELL CARCINOMA OF LID <input type="checkbox"/> 33381 BLEPHAROSPASM <input type="checkbox"/> 3750 DACRYODENITIS <input type="checkbox"/> 70181 DERMATOCHALASIS, SENILE <input type="checkbox"/> 3741 ECTROPION <input type="checkbox"/> 3740 ENTROPION <input type="checkbox"/> 37850 ENOPHTHALMOS <input type="checkbox"/> 3752 EPIPHORA <input type="checkbox"/> 37830 EXOPHTHALMOS <input type="checkbox"/> 37823 GRAVES' DISEASE <input type="checkbox"/> 37558 LACRIMAL OBSTRUCTION <input type="checkbox"/> 2241 ORBITAL TUMOR, BENIGN <input type="checkbox"/> 1901 ORBITAL TUMOR, MALIGNANT <input type="checkbox"/> 37890 ORBITAL VASCULAR ANOMALIES <input type="checkbox"/> 37405 TRICHIASIS <input type="checkbox"/> 37490 OTHER	<input type="checkbox"/> 37311 BASAL CELL CARCINOMA OF LID <input type="checkbox"/> 33381 BLEPHAROSPASM <input type="checkbox"/> 3750 DACRYODENITIS <input type="checkbox"/> 70181 DERMATOCHALASIS, SENILE <input type="checkbox"/> 3741 ECTROPION <input type="checkbox"/> 3740 ENTROPION <input type="checkbox"/> 37850 ENOPHTHALMOS <input type="checkbox"/> 3752 EPIPHORA <input type="checkbox"/> 37830 EXOPHTHALMOS <input type="checkbox"/> 37823 GRAVES' DISEASE <input type="checkbox"/> 37558 LACRIMAL OBSTRUCTION <input type="checkbox"/> 2241 ORBITAL TUMOR, BENIGN <input type="checkbox"/> 1901 ORBITAL TUMOR, MALIGNANT <input type="checkbox"/> 37890 ORBITAL VASCULAR ANOMALIES <input type="checkbox"/> 37405 TRICHIASIS <input type="checkbox"/> 37490 OTHER

OPTOMETRY PATIENT (BHCA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE	
DAY	MONTH
1	Jan
2	Feb
3	Mar
4	Apr
5	May
6	Jun
7	Jul
8	Aug
9	Sep
0	Oct
1	Nov
2	Dec

FMP

SPONSOR'S SSN

OTHER UCA

☐ BHCH ☐ BHCI

IF NOT SCHEDULED

APPOINTMENT STATUS

☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

☐ Ward
☐ Telephone
☐ Home
Other ☐ 1 ☐ 2 ☐ 3

VISIT COUNT

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

UCA CODE
(if not above)

☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z

INPATIENT OR REFERRAL CODE

☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z

PROVIDER

#1 CARE PROVIDER	#1 TIME SPENT WITH PATIENT	#2 CARE PROVIDER
1	2 minutes	1
2	5 minutes	2
3	10 minutes	3
4	15 minutes	4
5	20 minutes	5
6	30 minutes	6
7	45 minutes	7
8	1 hour	8
9	1 1/2 hours	9
0	2 hours	0
1	2 1/2 hours	1
2	3 hours	2
3	3 1/2 hours	3
4	4 hours	4
5	4 1/2 hours	5
6	5 hours	6
7	5 1/2 hours	7
8	6 hours	8
9	6 1/2 hours	9
0	7 hours	0
1	7 1/2 hours	1
2	8 hours	2

REASON FOR #2 CARE PROVIDER

☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
Other ☐ 1 ☐ 2 ☐ 3

JOB REL ILL/INJ
(not LOD det)

Yes

MILITARY ONLY

☐ DUTY
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

NOT AVAILABLE

☐ Medical record
☐ Lab results
☐ X-Rays

44875

☐ OTHER UCA

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

[illegible]

APPOINTMENT
STATUS

- ☐ Unscheduled
☐ Emergency

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
☐ Other ☐ 1 ☐ 2 ☐ 3

**VISIT
COUNT**

①
②
③
④
⑤
⑥
⑦
⑧
⑨

UCA CODE
(if not above)

INPATIENT OR
REFERRAL CODE

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	2 minutes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> (0) (0) (0) (0)	<input type="checkbox"/>	5 minutes	<input type="checkbox"/>	<input type="checkbox"/> (0) (0) (0) (0)
A) (N) (1) (1) (1) (1)	<input type="checkbox"/>	10 minutes	<input type="checkbox"/>	A) (N) (1) (1) (1) (1)
B) (0) (2) (2) (2) (2)	<input type="checkbox"/>	15 minutes	<input type="checkbox"/>	B) (0) (2) (2) (2) (2)
C) (P) (3) (3) (3) (3)	<input type="checkbox"/>	20 minutes	<input type="checkbox"/>	C) (P) (3) (3) (3) (3)
D) (Q) (4) (4) (4) (4)	<input type="checkbox"/>	30 minutes	<input type="checkbox"/>	D) (Q) (4) (4) (4) (4)
E) (R) (5) (5) (5) (5)	<input type="checkbox"/>	45 minutes	<input type="checkbox"/>	E) (R) (5) (5) (5) (5)
F) (S) (6) (6) (6) (6)	<input type="checkbox"/>	1 hour	<input type="checkbox"/>	F) (S) (6) (6) (6) (6)
G) (T) (7) (7) (7) (7)	<input type="checkbox"/>	1 1/2 hours	<input type="checkbox"/>	G) (T) (7) (7) (7) (7)
H) (U) (8) (8) (8) (8)	<input type="checkbox"/>	2 hours	<input type="checkbox"/>	H) (U) (8) (8) (8) (8)
I) (V) (9) (9) (9) (9)	<input type="checkbox"/>	2 1/2 hours	<input type="checkbox"/>	I) (V) (9) (9) (9) (9)
J) (W)	<input type="checkbox"/>	3 hours	<input type="checkbox"/>	J) (W)
K) (X)	<input type="checkbox"/>	3 1/2 hours	<input type="checkbox"/>	K) (X)
L) (Y)	<input type="checkbox"/>	4 hours	<input type="checkbox"/>	L) (Y)
M) (Z)	<input type="checkbox"/>	4 1/2 hours	<input type="checkbox"/>	M) (Z)
	<input type="checkbox"/>	5 hours	<input type="checkbox"/>	
	<input type="checkbox"/>	5 1/2 hours	<input type="checkbox"/>	
	<input type="checkbox"/>	6 hours	<input type="checkbox"/>	
	<input type="checkbox"/>	6 1/2 hours	<input type="checkbox"/>	
	<input type="checkbox"/>	7 hours	<input type="checkbox"/>	
	<input type="checkbox"/>	7 1/2 hours	<input type="checkbox"/>	
	<input type="checkbox"/>	8 hours	<input type="checkbox"/>	

☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
 Other ☐ ① ☐ ② ☐ ③

**SPECIFIC
PREASSIGNED
CLINIC
CODES**

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-ray

21494

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES	
		PROVIDER 1 Yes <input type="checkbox"/>	PROVIDER 2 Yes <input type="checkbox"/>
ORTHOTIC APPLIANCE PROCEDURES <input type="checkbox"/> 29012 BODY/LE <input type="checkbox"/> 29385 LE, CYLINDER <input type="checkbox"/> 29308 LE, HIP SPICA UNILATERAL <input type="checkbox"/> 29345 LE, LONG LEG <input type="checkbox"/> 29355 LE, LONG LEG, WALKER/AMB TYPE <input type="checkbox"/> 29435 LE, PATELLAR BEARING <input type="checkbox"/> 29085 LONG ARM <input type="checkbox"/> 29458 POST AMPUTATION <input type="checkbox"/> 29801 PRIMARY <input type="checkbox"/> 29802 SECONDARY OR TERTIARY <input type="checkbox"/> 29078 SHORT ARM <input type="checkbox"/> 29405 SHORT LEG <input type="checkbox"/> 29425 SHORT LEG, WALKER/AMB TYPE	<input type="checkbox"/> 07301 MEASUREMENT <input type="checkbox"/> 07302 FITTING <input type="checkbox"/> 07303 FOLLOW-UP <input type="checkbox"/> HOSE <input type="checkbox"/> SHOE <input type="checkbox"/> INSERTS <input type="checkbox"/> BRACE <input type="checkbox"/> PROSTHETIC APPLIANCE	<input type="checkbox"/> 07301 MEASUREMENT <input type="checkbox"/> 07302 FITTING <input type="checkbox"/> 07303 FOLLOW-UP <input type="checkbox"/> HOSE <input type="checkbox"/> SHOE <input type="checkbox"/> INSERTS <input type="checkbox"/> BRACE <input type="checkbox"/> PROSTHETIC APPLIANCE	<input type="checkbox"/> 07301 MEASUREMENT <input type="checkbox"/> 07302 FITTING <input type="checkbox"/> 07303 FOLLOW-UP <input type="checkbox"/> HOSE <input type="checkbox"/> SHOE <input type="checkbox"/> INSERTS <input type="checkbox"/> BRACE <input type="checkbox"/> PROSTHETIC APPLIANCE
ORTHOTIC APPLIANCE PROCEDURES <input type="checkbox"/> 29705 FULL ARM/FULL LEG <input type="checkbox"/> 29700 GAUNTLET, BOOT, BODY <input type="checkbox"/> 29710 SPICA <input type="checkbox"/> 29800 REAPPLICATION	<input type="checkbox"/> 29540 ANKLE <input type="checkbox"/> 29260 ELBOW/WRIST <input type="checkbox"/> 29289 HAND/FINGER <input type="checkbox"/> 29530 KNEE <input type="checkbox"/> 29220 LOW BACK <input type="checkbox"/> 29240 SHOULDER <input type="checkbox"/> 29550 TDES <input type="checkbox"/> 29793 UNLISTED STRAPPING	<input type="checkbox"/> 29540 ANKLE <input type="checkbox"/> 29260 ELBOW/WRIST <input type="checkbox"/> 29289 HAND/FINGER <input type="checkbox"/> 29530 KNEE <input type="checkbox"/> 29220 LOW BACK <input type="checkbox"/> 29240 SHOULDER <input type="checkbox"/> 29550 TDES <input type="checkbox"/> 29793 UNLISTED STRAPPING	<input type="checkbox"/> 29540 ANKLE <input type="checkbox"/> 29260 ELBOW/WRIST <input type="checkbox"/> 29289 HAND/FINGER <input type="checkbox"/> 29530 KNEE <input type="checkbox"/> 29220 LOW BACK <input type="checkbox"/> 29240 SHOULDER <input type="checkbox"/> 29550 TDES <input type="checkbox"/> 29793 UNLISTED STRAPPING
OTHER <input type="checkbox"/> 9000 DRESSING CHANGE <input type="checkbox"/> 29459 FRACTURE MANIP & IMMOB, NOS <input type="checkbox"/> 0555 MEASUREMENT, RANGE OF MOTION <input type="checkbox"/> 95170 REECE SHOE <input type="checkbox"/> 29610 REMOVE PLATE, BAND SCREW, WIRE <input type="checkbox"/> 29774 SUTURE REMOVAL & DRESSING <input type="checkbox"/> 29580 UNNA BOOT <input type="checkbox"/> 04127 WOUND MANAGEMENT	PROSTHETICS <input type="checkbox"/> DISTAL END PAD <input type="checkbox"/> PYLONS/SATCH FOOT <input type="checkbox"/> STUMP SOCKS <input type="checkbox"/> OTHER (PROSTHETICS)	ANKLE <input type="checkbox"/> AFO (FABRICATED) <input type="checkbox"/> AFO (STOCK) <input type="checkbox"/> CANVAS LACE <input type="checkbox"/> ELASTIC ANKLET <input type="checkbox"/> LEATHER LACE <input type="checkbox"/> M-R SPLINT <input type="checkbox"/> ORTHOPLAST STIRRUP SPLINT <input type="checkbox"/> SHORT LEG ORTHOSIS <input type="checkbox"/> OTHER (ANKLE)	ARMS/HANDS <input type="checkbox"/> AIRPLANE SPLINTS <input type="checkbox"/> CANVAS WRIST GAUNTLET <input type="checkbox"/> CVA SLING <input type="checkbox"/> ELASTIC WRIST BAND <input type="checkbox"/> ELBOW PADS <input type="checkbox"/> FINGER SPLINTS <input type="checkbox"/> JOBST GLOVES <input type="checkbox"/> POLYPROPYLENE WRIST GAUNTLET <input type="checkbox"/> TENNIS ELBOW <input type="checkbox"/> OTHER (ARMS/HANDS)
	KNEE/LEG <input type="checkbox"/> CALF LEATHER <input type="checkbox"/> CART/HINGED/ELASTIC SUPPORT <input type="checkbox"/> CHO-PAT STRAP <input type="checkbox"/> DONJOY KNEE BRACE <input type="checkbox"/> GARTER BELT <input type="checkbox"/> JOBST HOSE <input type="checkbox"/> JOBST HOSE W/GARTER BELT <input type="checkbox"/> KO (FABRICATED) <input type="checkbox"/> LENOX HILL <input type="checkbox"/> LERMAN <input type="checkbox"/> LONG LEG ORTHOSIS <input type="checkbox"/> NEOPRENE SLEEVE <input type="checkbox"/> PATELLA STABILIZER <input type="checkbox"/> PTB (ORTHOPLAST) <input type="checkbox"/> PTB (POLYPROPYLENE) <input type="checkbox"/> SWEDISH KNEE CAGE <input type="checkbox"/> THIGH LACER <input type="checkbox"/> WAIST SUSPENSION BELT <input type="checkbox"/> OTHER (KNEE/LEG)	SPINAL <input type="checkbox"/> ABDOMINAL BINDER <input type="checkbox"/> CASH <input type="checkbox"/> CERVICAL COLLAR <input type="checkbox"/> CHAIR BACK <input type="checkbox"/> DORSO-LUMBAR CORSET <input type="checkbox"/> FOUR POSTER <input type="checkbox"/> JEWETT <input type="checkbox"/> L/S/S-I CORSET <input type="checkbox"/> S.O.M.I. <input type="checkbox"/> TAYLOR BACK <input type="checkbox"/> TLSO <input type="checkbox"/> OTHER (SPINAL)	SHOES <input type="checkbox"/> VELCRO <input type="checkbox"/> BOSTON SHOES <input type="checkbox"/> BUILD-UPS <input type="checkbox"/> CREPE SOLES <input type="checkbox"/> HEELS <input type="checkbox"/> LEATHER SOLES <input type="checkbox"/> METATARSAL BARS (EXTERNAL) <input type="checkbox"/> RIPPLE SOLES <input type="checkbox"/> ROCKER BOTTOM <input type="checkbox"/> STIRRUP CHANGES <input type="checkbox"/> STRETCH BOOTS <input type="checkbox"/> WEDGES (EXTERNAL) <input type="checkbox"/> OTHER (SHOES)

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)																																																			
1°		2°																																																	
CYST CLINIC DIAGNOSES <input type="checkbox"/> V5895 AFTERCARE AMPUTATION <input type="checkbox"/> 7389 ANATOMIC DEFORMITY (BUNION, SPUR) <input type="checkbox"/> 71680 ARTHRITIS <input type="checkbox"/> 8381 CARTILAGE TEAR, LAT MENISCUS <input type="checkbox"/> 8380 CARTILAGE TEAR, MED MENISCUS <input type="checkbox"/> 839 DISLOCATION <input type="checkbox"/> 828 FRACTURE <input type="checkbox"/> 71880 JOINT INSTABILITY <input type="checkbox"/> 72892 LIGAMENT INJURY <input type="checkbox"/> 72992 SOFT TISSUE DISORDER <input type="checkbox"/> 72995 SOFT TISSUE INJURY <input type="checkbox"/> 848 SPRAIN/STRAIN	ORTHO APPLIANCE DIAGNOSES <input type="checkbox"/> 829 FRACTURE <input type="checkbox"/> 848 SPRAIN/STRAIN <input type="checkbox"/> 72995 SOFT TISSUE INJURY <input type="checkbox"/> 72992 SOFT TISSUE DISORDER <input type="checkbox"/> V5895 AFTERCARE AMPUTATION <input type="checkbox"/> 71880 JOINT INSTABILITY <input type="checkbox"/> V5371 NEEDS ORTHOTIC APPLIANCE <input type="checkbox"/> 78897 ORTHOPEDIC PAIN <input type="checkbox"/> V5372 REPAIR OF ORTHOTIC APPLIANCE <input type="checkbox"/> V5373 REPAIR OF PROSTHESIS <input type="checkbox"/> V5496 PROBLEM W/PROSTHESIS	UNLISTED REASON FOR VISIT (if not listed in columns above) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">PRIMARY</th> <th colspan="2" style="text-align: center;">SECONDARY</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">V</td> <td style="text-align: center;">(0) (0) (0) (0)</td> <td style="text-align: center;">V</td> <td style="text-align: center;">(0) (0) (0) (0)</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">(1) (1) (1) (1)</td> <td style="text-align: center;">S</td> <td style="text-align: center;">(1) (1) (1) (1)</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">(2) (2) (2) (2)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">(2) (2) (2) (2)</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">(3) (3) (3) (3)</td> <td style="text-align: center;">4</td> <td style="text-align: center;">(3) (3) (3) (3)</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">(4) (4) (4) (4)</td> <td style="text-align: center;">5</td> <td style="text-align: center;">(4) (4) (4) (4)</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">(5) (5) (5) (5)</td> <td style="text-align: center;">6</td> <td style="text-align: center;">(5) (5) (5) (5)</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">(6) (6) (6) (6)</td> <td style="text-align: center;">7</td> <td style="text-align: center;">(6) (6) (6) (6)</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">(7) (7) (7) (7)</td> <td style="text-align: center;">8</td> <td style="text-align: center;">(7) (7) (7) (7)</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">(8) (8) (8) (8)</td> <td style="text-align: center;">9</td> <td style="text-align: center;">(8) (8) (8) (8)</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">(9) (9) (9) (9)</td> <td style="text-align: center;">0</td> <td style="text-align: center;">(9) (9) (9) (9)</td> </tr> </tbody> </table>		PRIMARY		SECONDARY						V	(0) (0) (0) (0)	V	(0) (0) (0) (0)	S	(1) (1) (1) (1)	S	(1) (1) (1) (1)	3	(2) (2) (2) (2)	3	(2) (2) (2) (2)	4	(3) (3) (3) (3)	4	(3) (3) (3) (3)	5	(4) (4) (4) (4)	5	(4) (4) (4) (4)	6	(5) (5) (5) (5)	6	(5) (5) (5) (5)	7	(6) (6) (6) (6)	7	(6) (6) (6) (6)	8	(7) (7) (7) (7)	8	(7) (7) (7) (7)	9	(8) (8) (8) (8)	9	(8) (8) (8) (8)	0	(9) (9) (9) (9)	0	(9) (9) (9) (9)
PRIMARY		SECONDARY																																																	
V	(0) (0) (0) (0)	V	(0) (0) (0) (0)																																																
S	(1) (1) (1) (1)	S	(1) (1) (1) (1)																																																
3	(2) (2) (2) (2)	3	(2) (2) (2) (2)																																																
4	(3) (3) (3) (3)	4	(3) (3) (3) (3)																																																
5	(4) (4) (4) (4)	5	(4) (4) (4) (4)																																																
6	(5) (5) (5) (5)	6	(5) (5) (5) (5)																																																
7	(6) (6) (6) (6)	7	(6) (6) (6) (6)																																																
8	(7) (7) (7) (7)	8	(7) (7) (7) (7)																																																
9	(8) (8) (8) (8)	9	(8) (8) (8) (8)																																																
0	(9) (9) (9) (9)	0	(9) (9) (9) (9)																																																

☐ OTHER UCA

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

					A
				B	A
				C	B
				D	B
				E	B
				F	B
				G	B
				H	B
				I	B
				J	B
				K	B
				L	B
				M	B
				N	B
				O	B
				P	B
				Q	B
				R	B
				S	B
				T	B
				U	B
				V	B
				W	B
				X	B
				Y	B
				Z	B

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/>	2 minutes	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(A) (N) (1) (1) (1)	<input type="radio"/>	5 minutes	<input type="radio"/>	(A) (N) (1) (1) (1)
B) (0) (2) (2) (2) (2)	<input type="radio"/>	10 minutes	<input type="radio"/>	B) (0) (2) (2) (2) (2)
C) (P) (3) (3) (3) (3)	<input type="radio"/>	15 minutes	<input type="radio"/>	C) (P) (3) (3) (3) (3)
D) (Q) (4) (4) (4) (4)	<input type="radio"/>	20 minutes	<input type="radio"/>	D) (Q) (4) (4) (4) (4)
E) (R) (5) (5) (5) (5)	<input type="radio"/>	30 minutes	<input type="radio"/>	E) (R) (5) (5) (5) (5)
F) (S) (6) (6) (6) (6)	<input type="radio"/>	45 minutes	<input type="radio"/>	F) (S) (6) (6) (6) (6)
G) (T) (7) (7) (7) (7)	<input type="radio"/>	1 hour	<input type="radio"/>	G) (T) (7) (7) (7) (7)
H) (U) (8) (8) (8) (8)	<input type="radio"/>	1½ hours	<input type="radio"/>	H) (U) (8) (8) (8) (8)
I) (V) (9) (9) (9) (9)	<input type="radio"/>	2 hours	<input type="radio"/>	I) (V) (9) (9) (9) (9)
J) (W)	<input type="radio"/>	2½ hours	<input type="radio"/>	J) (W)
K) (X)	<input type="radio"/>	3 hours	<input type="radio"/>	K) (X)
L) (Y)	<input type="radio"/>	3½ hours	<input type="radio"/>	L) (Y)
M) (Z)	<input type="radio"/>	4 hours	<input type="radio"/>	M) (Z)
	<input type="radio"/>	4½ hours	<input type="radio"/>	
	<input type="radio"/>	5 hours	<input type="radio"/>	
	<input type="radio"/>	5½ hours	<input type="radio"/>	
	<input type="radio"/>	6 hours	<input type="radio"/>	
	<input type="radio"/>	6½ hours	<input type="radio"/>	
	<input type="radio"/>	7 hours	<input type="radio"/>	
	<input type="radio"/>	7½ hours	<input type="radio"/>	
	<input type="radio"/>	8 hours	<input type="radio"/>	

REASON FOR #2 CARE PROVIDER

- ☐ Teaching/Supervision
- ☐ Consultation
- ☐ Procedure/Treatment
- Other

- ☐ Medical record
- ☐ Lab results
- ☒ X-rays

 41370
DO NOT MARK IN THIS AREA

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER 2 Yes	PROVIDER 2 Yes
<input type="checkbox"/> 87070 CULTURE <input type="checkbox"/> 85920 NEUROVASCULAR EVAL <input type="checkbox"/> 85831 MUSCLE TEST <input type="checkbox"/> 85851 ROM MEASUREMENT <input type="checkbox"/> 20998 OTHER	<input type="checkbox"/> 29065 LONG ARM CAST <input type="checkbox"/> 29075 SHORT ARM CAST <input type="checkbox"/> 29345 LONG LEG CAST <input type="checkbox"/> 29405 SHORT LEG CAST <input type="checkbox"/> 28001 OTHER CAST <input type="checkbox"/> 29100 SPLINT <input type="checkbox"/> 80780 ANES & STEROID <input type="checkbox"/> 84480 NERVE BLOCK <input type="checkbox"/> 80782 OTHER	<input type="checkbox"/> 20601 ARTHROCENTESIS <input type="checkbox"/> 11100 BIOPSY <input type="checkbox"/> 29002 CLOSED REDUCTION & CAST <input type="checkbox"/> 11044 DEBRIDE SKIN, MUSCLE, BONE <input type="checkbox"/> 10120 FOREIGN BODY REMOVAL <input type="checkbox"/> 10060 I&D ABSCESS <input type="checkbox"/> 20670 REMOVE PLATE, SCREW, WIRE <input type="checkbox"/> 99074 SUTURE REMOVAL <input type="checkbox"/> 12001 SUTURE WOUND <input type="checkbox"/> 04127 WOUND MANAGEMENT <input type="checkbox"/> 90605 CONSULTATION	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)			
1*	2*	1*	2*
SPINE <input type="checkbox"/> 7561 CONGENITAL ANOMALY <input type="checkbox"/> 737 CURVATURE/SколиOSIS/KYPHOSIS <input type="checkbox"/> 7220 DISPLACEMENT, CERVICAL DISK <input type="checkbox"/> 806 FRACTURE W/NEUROL INJURY <input type="checkbox"/> 805 FRACTURE W/O NEUROL INJURY <input type="checkbox"/> 720 INFLAMMATORY SPONDYLITIS <input type="checkbox"/> 722 INTERVERTEBRAL DISORDER <input type="checkbox"/> 7242 LOW BACK SYNDROME <input type="checkbox"/> 74191 MENINGOCELE <input type="checkbox"/> 7244 RADICULAR SYNDROME LOWER BACK <input type="checkbox"/> 741 SPINA BIFIDA <input type="checkbox"/> 72400 SPINAL STENOSIS <input type="checkbox"/> 7384 SPONDYLOLISTHESIS <input type="checkbox"/> 721 SPONDYLOSIS <input type="checkbox"/> 840 STRAIN, CERVICAL <input type="checkbox"/> 8460 STRAIN, LUMBOSACRAL <input type="checkbox"/> 23524 TUMOR <input type="checkbox"/> 724 OTHER BACK DISORDER <input type="checkbox"/> 723 OTHER CERVICAL DISORDER		GENERAL <input type="checkbox"/> 4409 ARTERIOCLEROTIC VASC DISEASE <input type="checkbox"/> 3439 CEREBRAL PALSY <input type="checkbox"/> 250 DIABETES MELLITUS <input type="checkbox"/> 274 GOUT <input type="checkbox"/> 342 HEMIPLEGIA <input type="checkbox"/> 7281 MYOSITIS OSSIFICANS <input type="checkbox"/> 71590 OSTEOARTHRITIS <input type="checkbox"/> 73020 OSTEOHYELITIS <input type="checkbox"/> 7330 OSTEOPOROSIS <input type="checkbox"/> 73100 PAGET'S DISEASE <input type="checkbox"/> 3441 PARAPLEGIA <input type="checkbox"/> 7331 PATHOLOGIC FRACTURE <input type="checkbox"/> 7140 RHEUMATOID ARTHRITIS <input type="checkbox"/> 71100 SEPTIC ARTHRITIS <input type="checkbox"/> 2289 TUMOR, BENIGN <input type="checkbox"/> 19912 TUMOR, MALIGNANT ELBOW/FOREARM <input type="checkbox"/> 88752 AMPUTATION <input type="checkbox"/> 832 DISLOCATION <input type="checkbox"/> 72638 EPICONDYLITIS/BURSITIS FRACTURE <input type="checkbox"/> 81245 DISTAL HUMERUS <input type="checkbox"/> 81381 RADIUS <input type="checkbox"/> 81382 ULNA, SHAFT <input type="checkbox"/> 955 NERVE INJURY <input type="checkbox"/> 71593 OSTEOARTHRITIS <input type="checkbox"/> 72639 OTHER	
SHOULDER & ARM <input type="checkbox"/> 7260 ADHESIVE CAPSULITIS <input type="checkbox"/> 89751 AMPUTATION <input type="checkbox"/> 8062 COMPRESSION FX (THORACIC) W/NEURO LOSS <input type="checkbox"/> 8032 COMPRESSION FX W/O NEURO LOSS <input type="checkbox"/> 83104 DISLOCATION AC JOINT <input type="checkbox"/> 83100 DISLOCATION SHOULDER (CLOSED) <input type="checkbox"/> 81208 FRACTURE <input type="checkbox"/> 81000 FRACTURE CLAVICLE <input type="checkbox"/> 812 FRACTURE HUMERUS <input type="checkbox"/> 81100 FRACTURE SCAPULA <input type="checkbox"/> 955 NERVE INJURY <input type="checkbox"/> 953 NERVE ROOT/PLEXUS INJURY <input type="checkbox"/> 71591 OSTEOARTHRITIS OF SHOULDER <input type="checkbox"/> 7261 ROTATOR CUFF/ARTHROPATHY <input type="checkbox"/> 23926 TUMOR OF SHOULDER <input type="checkbox"/> 7262 OTHER AFFECTIONS OF SHOULDER		HAND & WRIST <input type="checkbox"/> 88753 AMPUTATION <input type="checkbox"/> 886 AMPUTATION OF FINGER <input type="checkbox"/> 885 AMPUTATION OF THUMB <input type="checkbox"/> 71694 ARTHRITIS <input type="checkbox"/> 75591 CONGENITAL ANOMALY <input type="checkbox"/> 834 DISLOCATION OF DIGIT <input type="checkbox"/> 833 DISLOCATION OF WRIST <input type="checkbox"/> 7286 DUPUYTREN'S CONTRACTURE <input type="checkbox"/> 81600 FX OF DIGITS <input type="checkbox"/> 81400 FX OF WRIST <input type="checkbox"/> 72743 GANGLION <input type="checkbox"/> 95981 MULTIPLE INJURIES <input type="checkbox"/> 35491 NERVE COMPRESSION/CARPAL TUNNEL <input type="checkbox"/> 95591 NERVE INJURY <input type="checkbox"/> 72993 OTHER SOFT TISSUE DISORDER <input type="checkbox"/> 71491 RHEUMATOID/INFLAMMATORY ARTHRITIS <input type="checkbox"/> 72705 TENOSYNOVITIS <input type="checkbox"/> 23928 TUMOR	
HIP/THIGH <input type="checkbox"/> 8972 AMPUTATION <input type="checkbox"/> 73345 ASEPTIC NECROSIS <input type="checkbox"/> 7543 CONGENITAL DISLOCATION OF HIP <input type="checkbox"/> 835 DISLOCATION OF HIP <input type="checkbox"/> 8210 FX OF FEMUR <input type="checkbox"/> 82081 FX OF HIP <input type="checkbox"/> 808 FX OF PELVIS <input type="checkbox"/> 7321 LEGG-CALVE-PERTHES DISEASE <input type="checkbox"/> 71595 OSTEOARTHRITIS <input type="checkbox"/> 7322 SUPP'D CAPITAL FEMORAL EPIPHYSIS <input type="checkbox"/> 23829 TUMOR <input type="checkbox"/> 72658 OTHER KNEE/LEG <input type="checkbox"/> 8974 AMPUTATION <input type="checkbox"/> 71696 ARTHRITIS <input type="checkbox"/> 72751 BAKER'S CYST <input type="checkbox"/> 7177 CHONDROMALACIA, PATELLA <input type="checkbox"/> 95881 COMPARTMENT SYNDROME, ACUTE <input type="checkbox"/> 95882 COMPARTMENT SYNDROME, CHRONIC <input type="checkbox"/> 92411 CONTUSION, KNEE <input type="checkbox"/> 92410 CONTUSION, LEG <input type="checkbox"/> 836 DISLOCATION <input type="checkbox"/> 822 FX PATELLA <input type="checkbox"/> 823 FX TIBIA/FIBULA <input type="checkbox"/> 7187 INSTABILITY OF THE KNEE <input type="checkbox"/> 717 INTERNAL DERANGEMENT <input type="checkbox"/> 71786 LIGAMENT INJURY <input type="checkbox"/> 7178 LOOSE BODIES <input type="checkbox"/> 7327 OSTEOCHONDROITIS DISSEANS <input type="checkbox"/> 71996 PATELLA SYNDROME <input type="checkbox"/> 72664 PATELLAR TENDINITIS <input type="checkbox"/> 73314 STRESS FRACTURE <input type="checkbox"/> 23927 TUMOR <input type="checkbox"/> 72666 OTHER		FOOT/ANKLE <input type="checkbox"/> 84508 ACHILLES TENDON INJURY <input type="checkbox"/> 8960 AMPUTATION <input type="checkbox"/> 7271 BUNION <input type="checkbox"/> 7545 CAVUS FOOT/VARUS DEFORMITY <input type="checkbox"/> 75454 CLUB FOOT <input type="checkbox"/> 92420 CONTUSION <input type="checkbox"/> 700 CORN/CALLUS <input type="checkbox"/> 837 DISLOCATION OF ANKLE <input type="checkbox"/> 83800 DISLOCATION OF FOOT <input type="checkbox"/> 824 FX OF ANKLE <input type="checkbox"/> 825 FX OF FOOT <input type="checkbox"/> 826 FX OF TOE <input type="checkbox"/> 72670 METATARSALGIA <input type="checkbox"/> 703 NAIL DISEASE <input type="checkbox"/> 35551 NERVE COMPRESSION <input type="checkbox"/> 71597 OSTEOARTHRITIS <input type="checkbox"/> 71492 RHEUMATOID/INFLAMMATORY ARTHRITIS <input type="checkbox"/> 845 SPRAIN <input type="checkbox"/> 73313 STRESS FRACTURE <input type="checkbox"/> 735 TOE DEFORMITIES <input type="checkbox"/> 7546 VALGUS DEFORMITIES <input type="checkbox"/> 72678 OTHER <input type="checkbox"/> V6554 WORRIED/CONCERNED WELL	

UNLISTED REASON FOR VISIT (if not listed in columns above)			
PRIMARY		SECONDARY	
1*	2*	1*	2*
V	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

1° is Follow-up 1° is Rule Out		1° 2°		MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)		1° 2°		1° 2°			
1° 2°		PHYSICAL MEDICINE DIAGNOSES		PAIN DIAGNOSIS/REASON FOR VISIT		1° 2°		1° 2°			
<input type="checkbox"/>	<input type="checkbox"/>	7831	ABNORMAL WEIGHT GAIN	<input type="checkbox"/>	<input type="checkbox"/>	3310	ALZHEIMER'S DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	7840	HEADACHE
<input type="checkbox"/>	<input type="checkbox"/>	7832	ABNORMAL WEIGHT LOSS	<input type="checkbox"/>	<input type="checkbox"/>	3610	BELL'S PALSY	<input type="checkbox"/>	<input type="checkbox"/>	0538	HERPES ZOSTER W/O COMPLICATION
<input type="checkbox"/>	<input type="checkbox"/>	9852	ADVERSE EFFECTS-UNSPEC DRUGS	<input type="checkbox"/>	<input type="checkbox"/>	3540	CARPAL TUNNEL SYNDROME	<input type="checkbox"/>	<input type="checkbox"/>	7281	MYALGIA, MYOSITIS
<input type="checkbox"/>	<input type="checkbox"/>	V719	OBSERVATION/EVALUATION	<input type="checkbox"/>	<input type="checkbox"/>	4359	CEREBRAL ISCHEMIA (TIA)	<input type="checkbox"/>	<input type="checkbox"/>	35595	NERVE ENTRAPMENT SYNDROME
<input type="checkbox"/>	<input type="checkbox"/>	7999	OTHER UNSPECIFIED DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	3438	CEREBRAL PALSY	<input type="checkbox"/>	<input type="checkbox"/>		PAIN
CARDIOVASCULAR				<input type="checkbox"/>	<input type="checkbox"/>	4340	CEREBRAL THROMBOSIS	<input type="checkbox"/>	<input type="checkbox"/>	78092	CHRONIC, NOS
<input type="checkbox"/>	<input type="checkbox"/>	492	EMPHYSEMA	<input type="checkbox"/>	<input type="checkbox"/>	438	CEREBROVASCULAR DISEASE (CVA)	<input type="checkbox"/>	<input type="checkbox"/>	7890	ABDOMINAL, NOS
<input type="checkbox"/>	<input type="checkbox"/>	4405	GENERALIZED ISCHEMIC ASCVD	<input type="checkbox"/>	<input type="checkbox"/>	34988	CNS DEGENERATIVE DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	7244	BACK, W/RADIATING SYMPTOMS
<input type="checkbox"/>	<input type="checkbox"/>	451	PHLEBITIS/THROMBOPHLEBITIS	<input type="checkbox"/>	<input type="checkbox"/>	3152	COGNITIVE/LEARNING DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	72422	LOW BACK, RADICULAR
<input type="checkbox"/>	<input type="checkbox"/>	4430	RAYNAUD'S SYNDROME	<input type="checkbox"/>	<input type="checkbox"/>	850	CONCUSSION	<input type="checkbox"/>	<input type="checkbox"/>	7245	BACK NOS
<input type="checkbox"/>	<input type="checkbox"/>	454	VARICOSE VEINS (LEGS)	<input type="checkbox"/>	<input type="checkbox"/>	3419	DEMYELINATING DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	78400	FACIAL
DERMATOLOGY				<input type="checkbox"/>	<input type="checkbox"/>	345	EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>	78098	SECONDARY TO MALIGNANCY
<input type="checkbox"/>	<input type="checkbox"/>	7854	GANGRENE	<input type="checkbox"/>	<input type="checkbox"/>	4371	GEN ISCHEMIC CEREBROVASCULAR DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	44392	PERIPHERAL VASCULAR INSUFFIC
<input type="checkbox"/>	<input type="checkbox"/>	7079	ULCER, CHRONIC	<input type="checkbox"/>	<input type="checkbox"/>	34511	GRAND MAL	<input type="checkbox"/>	<input type="checkbox"/>	72280	POST LAMINECTOMY SYNDROME
ENDOCRINE/METABOLIC				<input type="checkbox"/>	<input type="checkbox"/>	30781	HEADACHE (TENSION)	<input type="checkbox"/>	<input type="checkbox"/>	05310	POST-HERPETIC NEURALGIA
<input type="checkbox"/>	<input type="checkbox"/>	250	DIABETES MELLITIS	<input type="checkbox"/>	<input type="checkbox"/>	348	MIGRAINE AND EQUIVALENTS	<input type="checkbox"/>	<input type="checkbox"/>	V7091	PRE-OP FOR PEDIATRIC PATIENTS
<input type="checkbox"/>	<input type="checkbox"/>	274	GOUT	<input type="checkbox"/>	<input type="checkbox"/>	340	MULTIPLE SCLEROSIS	<input type="checkbox"/>	<input type="checkbox"/>	V7092	PRE-OP FOR OPHTHALMOLOGY PATIENTS
<input type="checkbox"/>	<input type="checkbox"/>	2780	OBESITY (MCN-ENDOCRINE)	<input type="checkbox"/>	<input type="checkbox"/>	74258	MYELODYSPLASIA	<input type="checkbox"/>	<input type="checkbox"/>	7292	RADICULITIS, RADICULOPATHY
HEMATOLOGY AND NEOPLASTIC DISEASE				<input type="checkbox"/>	<input type="checkbox"/>	347	NARCOLEPSY/CATAPLEXY	<input type="checkbox"/>	<input type="checkbox"/>	33781	REFLEX SYMPATHETIC DYSTROPHY
<input type="checkbox"/>	<input type="checkbox"/>	7100	LUPUS, SYSTEMIC ERYTHEMATOSUS	<input type="checkbox"/>	<input type="checkbox"/>	78193	NEUROLOGIC SYMPTOMS	<input type="checkbox"/>	<input type="checkbox"/>	V6540	SMOKING CESSATION
<input type="checkbox"/>	<input type="checkbox"/>	4460	POLYARTERITIS, NODOSA	<input type="checkbox"/>	<input type="checkbox"/>	3589	NEUROMUSCULAR DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	3501	TRIGEMINAL NEURALGIA & NEURITIS
<input type="checkbox"/>	<input type="checkbox"/>	725	POLYMYALGIA	<input type="checkbox"/>	<input type="checkbox"/>	78201	PARESTHESIA	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	7856	LYMPHADENOPATHY	<input type="checkbox"/>	<input type="checkbox"/>	332	PARKINSONISM/PARALYSIS AGITANS	<input type="checkbox"/>	<input type="checkbox"/>		
MUSCULOSKELETAL				<input type="checkbox"/>	<input type="checkbox"/>	35593	PERIPHERAL/SPINAL NERVE DISOR	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		ARTHRITIS	<input type="checkbox"/>	<input type="checkbox"/>	34500	PETIT MAL	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	71430	JUVENILE	<input type="checkbox"/>	<input type="checkbox"/>	7845	SPEECH DISORDER	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	71590	OSTEO	<input type="checkbox"/>	<input type="checkbox"/>	3369	SPINAL CORD DISEASE	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	0993	REITER'S	<input type="checkbox"/>	<input type="checkbox"/>	33691	SPINAL CORD LESION W/O VERT FX	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	7140	RHEUMATOID	<input type="checkbox"/>	<input type="checkbox"/>	7802	SYNCOPE/COLLAPSE	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	71690	UNSPECIFIED TYPE	<input type="checkbox"/>	<input type="checkbox"/>	7235	TORTICOLLIS	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>										

F-70

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
PROVIDER 1	PROVIDER 2	PROVIDER 3	PROVIDER 2	PROVIDER 2
01	02	01	02	02
<input type="checkbox"/> 90009 COMPLAINT SPECIFIC MED EXAM	<input type="checkbox"/> 38800 ARTERIAL STICK	<input type="checkbox"/> 38000 IV, START	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 90008 COMPLAINT SPECIFIC F/U EXAM	<input type="checkbox"/> 20801 ASPIRATION, JOINT	<input type="checkbox"/> 82270 LUMBAR PUNCTURE	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 99028 DEVELOP SCREEN-HANDICAPS CHILD	<input type="checkbox"/> 51000 BLADDER TAP	<input type="checkbox"/> 89190 NASAL SMEAR	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 45988 DIGITAL EXAM OF RECTUM	<input type="checkbox"/> 90796 CHEMOTHERAPY	<input type="checkbox"/> 89210 REMOVAL IMPACTED CERUMEN, EAR	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 90016 EYE EXAM, LIMITED	<input type="checkbox"/> 07016 COUNSELING, NEWBORN	<input type="checkbox"/> 10120 REMOVAL OF FOREIGN BODY (SUBQ)	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 90024 GENERAL EXAM	<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 90700 SHOT RECORD REVIEW	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 90022 WELL BABY	<input type="checkbox"/> 90785 EFMP ASSESSMENT	<input type="checkbox"/> 84010 SPIROMETRY	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 90711 H. FLU VACCINE	<input type="checkbox"/> 90786 EFMP EVALUATION	<input type="checkbox"/> 28100 SPLINT APPLICATION	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 87070 CULTURE, BACTERIAL	<input type="checkbox"/> 04052 EVAL DEVELOPMENTAL STATUS	<input type="checkbox"/> 90002 SUTURE REMOVAL	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 87080 CULTURE, THROAT	<input type="checkbox"/> 99156 GEN COUNSELLING NO PE	<input type="checkbox"/> 53870 URETHRAL CATHETERIZATION	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 87205 GRAM STAIN	<input type="checkbox"/> 95840 INHALATION THERAPY	<input type="checkbox"/> 38415 VENIPUNCTURE	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 85014 HEMATOCRIT	<input type="checkbox"/> 90782 INJECTION, IM/SUBQ	<input type="checkbox"/> 17110 WART REMOVAL	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 81000 URINALYSIS, DIP & SPIN	<input type="checkbox"/> 88212 IRRIGATION OF EAR	<input type="checkbox"/> 90605 CONSULTATION	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 87215 WET PREP/KOM				

1 st is Follow-up 1 st is Rule/out		MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)		1 st 2 nd		1 st 2 nd	
<input type="checkbox"/> 477 ALLERGIC RHINITIS	<input type="checkbox"/> 7890 ABDOMINAL PAIN	<input type="checkbox"/> 3739 INFLAMMATION OF LID, UNSPEC	<input type="checkbox"/> 281 ANEMIA, UNSPEC DEFICIENCY	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 493 ASTHMA	<input type="checkbox"/> 8952 ADVERSE EFFECT OF MEDICATION	<input type="checkbox"/> 9219 INJURY TO EYE, UNSPEC	<input type="checkbox"/> 208 LEUKEMIA, UNSPEC	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 4661 BRONCHOLITIS	<input type="checkbox"/> 8953 ALLERGY UNSPEC		<input type="checkbox"/> 2299 NEOPLASM, BENIGN	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 490 BRONCHITIS	<input type="checkbox"/> 949 BURN		<input type="checkbox"/> 19912 NEOPLASM, MALIGNANT, UNSPEC SITE	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 1129 CANDIDIASIS, UNSPEC SITE	<input type="checkbox"/> 7881 DYSURIA			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 37230 CONJUNCTIVITIS	<input type="checkbox"/> 7876 ENCOPIRESIS			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 5640 CONSTIPATION	<input type="checkbox"/> 7883 ENURESIS			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 7882 COUGH	<input type="checkbox"/> 7833 FEEDING PROBLEM			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 00882 DIARRHEA/GASTROENTERITIS	<input type="checkbox"/> 77841 FEVER < 3 MOS			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 891 ECZEMA/ATOPIC DERMATITIS	<input type="checkbox"/> 7806 FEVER OF UNDETERMINED ORIGIN			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 7847 EPISTAXIS	<input type="checkbox"/> 828 FRACTURE CLOSED, UNSPEC			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 684 IMPETIGO	<input type="checkbox"/> V412 HEARING PROBLEMS			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 4871 INFLUENZA	<input type="checkbox"/> 78601 HYPERVENTILATION			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 7856 LYMPHADENOPATHY	<input type="checkbox"/> 98954 INSECT BITES			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 7370 NAUSEA & VOMITING	<input type="checkbox"/> 8798 LACERATION			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 3631 OTITIS EXTERNA, INFECTIVE	<input type="checkbox"/> V6126 NON-ACCIDENTAL TRAUMA, SUSPEC			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 5822 OTITIS MEDIA, NOS	<input type="checkbox"/> 848 SPRAIN/STRAIN ALL SITES			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 462 PHARYNGITIS, ACUTE	<input type="checkbox"/> 30093 SUICIDE GESTURE			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 312 PHARYNGITIS, STREP	<input type="checkbox"/> 7802 SYNCOPES/COLLAPSE			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 1274 PINWORMS	<input type="checkbox"/> 78042 VERTIGO			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 461 SINUSITIS	<input type="checkbox"/> V410 VISION PROBLEMS			<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 1202 SURVEIL HEALTH DEVELOP				<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 460 URI (COMMON COLD)				<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 5950 URINARY TRACT INFECTION				<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 052 VARICELLA (CHICKENPOX)				<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01

PHYSICAL THERAPY PATIENT (DHDA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



OTHER UCA	
<input type="radio"/> BEDA	<input type="radio"/> BEDA & DHDA

IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
Other 1 2 3

VISIT COUNT
0
2
3
4
5
6
7
8
9

INPATIENT OR REFERRAL CODE	
IF NOT LISTED AT LEFT	
AAAA	A A A A
ABAA	B B B B
AEAA	C C C C
BAAA	D D D D
BACA	E E E E
BAKA	F F F F
BAQA	G G G G
BBAA	H H H H
BBCA	I I I I
BEAA	J J J J
BEDA	K K K K
BEFA	L L L L
BDAA	M M M M
BGYA	N N N N
BHAA	O O O O
BHAE	P P P P
BHAF	Q Q Q Q
BHAG	R R R R
BHAH	S S S S
BHAI	T T T T
BHAK	U U U U
BHAL	V V V V
BHAM	W W W W
BIYA	X X X X
BJYA	Y Y Y Y
DHCA	Z Z Z Z

PATIENT DATA	
TODAY'S DATE	
DAY	MONTH
0 0	Jan
1 1	Feb
2 2	Mar
3 3	Apr
4 4	May
5 5	Jun
6 6	Jul
7 7	Aug
8 8	Sep
9 9	Oct
	Nov
	Dec

FMP
0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

SPONSOR'S SSN	
0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4	5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6	7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8	9 9 9 9 9 9 9 9

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
0 0 0 0	2 minutes	0 0 0 0
A N 1 1 1 1	5 minutes	A N 1 1 1 1
B O 2 2 2 2	10 minutes	B O 2 2 2 2
C P 3 3 3 3	15 minutes	C P 3 3 3 3
D Q 4 4 4 4	20 minutes	D Q 4 4 4 4
E R 5 5 5 5	30 minutes	E R 5 5 5 5
F S 6 6 6 6	45 minutes	F S 6 6 6 6
G T 7 7 7 7	1 hour	G T 7 7 7 7
H U 8 8 8 8	1 1/2 hours	H U 8 8 8 8
I V 9 9 9 9	2 hours	I V 9 9 9 9
J W	2 1/2 hours	J W
K X	3 hours	K X
L Y	3 1/2 hours	L Y
M Z	4 hours	M Z
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON #2 PROVIDER
<input type="radio"/> Co-therapist
<input type="radio"/> Teaching/Supervision
<input type="radio"/> Consultation
<input type="radio"/> Procedure/Treatment
Other 1 2 3

JOB REL ILL/INJ (not LOD det)
Yes

MILITARY ONLY
DUTY QUARTERS:
<input type="radio"/> 24 hours
<input type="radio"/> 48 hours
<input type="radio"/> 72 hours
PROFILE:
<input type="radio"/> 1-3 days
<input type="radio"/> 4-7 days
<input type="radio"/> 8-14 days
<input type="radio"/> > 14 days
<input type="radio"/> LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
1
2
3
4
5
6
7
8
9

NOT AVAILABLE
<input type="radio"/> Medical record
<input type="radio"/> Lab results
<input type="radio"/> X-Rays

DO NOT MARK IN THIS AREA	22671
--------------------------	-------

AREA OF COMPLAINT	EVALUATIONS		SERVICES		PROCEDURES (MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES	
	PROVIDER #1	PROVIDER #2	PROVIDER #1	PROVIDER #2	PROVIDER #1	PROVIDER #2	PROVIDER #1	PROVIDER #2
<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> 04000	<input type="checkbox"/> 04000	<input type="checkbox"/> 04000	<input type="checkbox"/> 04000	<input type="checkbox"/> 04000	<input type="checkbox"/> 04000	<input type="checkbox"/> 04000	<input type="checkbox"/> 04000
<input type="checkbox"/> ANKLE	<input type="checkbox"/> 04002	<input type="checkbox"/> 04002	<input type="checkbox"/> 04002	<input type="checkbox"/> 04002	<input type="checkbox"/> 04002	<input type="checkbox"/> 04002	<input type="checkbox"/> 04002	<input type="checkbox"/> 04002
<input type="checkbox"/> CERVICAL	<input type="checkbox"/> 04006	<input type="checkbox"/> 04006	<input type="checkbox"/> 04006	<input type="checkbox"/> 04006	<input type="checkbox"/> 04006	<input type="checkbox"/> 04006	<input type="checkbox"/> 04006	<input type="checkbox"/> 04006
<input type="checkbox"/> CHEST	<input type="checkbox"/> 04008	<input type="checkbox"/> 04008	<input type="checkbox"/> 04008	<input type="checkbox"/> 04008	<input type="checkbox"/> 04008	<input type="checkbox"/> 04008	<input type="checkbox"/> 04008	<input type="checkbox"/> 04008
<input type="checkbox"/> DISTAL LE	<input type="checkbox"/> 04010	<input type="checkbox"/> 04010	<input type="checkbox"/> 04010	<input type="checkbox"/> 04010	<input type="checkbox"/> 04010	<input type="checkbox"/> 04010	<input type="checkbox"/> 04010	<input type="checkbox"/> 04010
<input type="checkbox"/> DISTAL UE	<input type="checkbox"/> 04012	<input type="checkbox"/> 04012	<input type="checkbox"/> 04012	<input type="checkbox"/> 04012	<input type="checkbox"/> 04012	<input type="checkbox"/> 04012	<input type="checkbox"/> 04012	<input type="checkbox"/> 04012
<input type="checkbox"/> ELBOW	<input type="checkbox"/> 04014	<input type="checkbox"/> 04014	<input type="checkbox"/> 04014	<input type="checkbox"/> 04014	<input type="checkbox"/> 04014	<input type="checkbox"/> 04014	<input type="checkbox"/> 04014	<input type="checkbox"/> 04014
<input type="checkbox"/> FOOT	<input type="checkbox"/> 04016	<input type="checkbox"/> 04016	<input type="checkbox"/> 04016	<input type="checkbox"/> 04016	<input type="checkbox"/> 04016	<input type="checkbox"/> 04016	<input type="checkbox"/> 04016	<input type="checkbox"/> 04016
<input type="checkbox"/> HAND	<input type="checkbox"/> 04018	<input type="checkbox"/> 04018	<input type="checkbox"/> 04018	<input type="checkbox"/> 04018	<input type="checkbox"/> 04018	<input type="checkbox"/> 04018	<input type="checkbox"/> 04018	<input type="checkbox"/> 04018
<input type="checkbox"/> HIP	<input type="checkbox"/> 04020	<input type="checkbox"/> 04020	<input type="checkbox"/> 04020	<input type="checkbox"/> 04020	<input type="checkbox"/> 04020	<input type="checkbox"/> 04020	<input type="checkbox"/> 04020	<input type="checkbox"/> 04020
<input type="checkbox"/> KNEE	<input type="checkbox"/> 04022	<input type="checkbox"/> 04022	<input type="checkbox"/> 04022	<input type="checkbox"/> 04022	<input type="checkbox"/> 04022	<input type="checkbox"/> 04022	<input type="checkbox"/> 04022	<input type="checkbox"/> 04022
<input type="checkbox"/> LS	<input type="checkbox"/> 04024	<input type="checkbox"/> 04024	<input type="checkbox"/> 04024	<input type="checkbox"/> 04024	<input type="checkbox"/> 04024	<input type="checkbox"/> 04024	<input type="checkbox"/> 04024	<input type="checkbox"/> 04024
<input type="checkbox"/> PELVIS	<input type="checkbox"/> 04026	<input type="checkbox"/> 04026	<input type="checkbox"/> 04026	<input type="checkbox"/> 04026	<input type="checkbox"/> 04026	<input type="checkbox"/> 04026	<input type="checkbox"/> 04026	<input type="checkbox"/> 04026
<input type="checkbox"/> PROX LE	<input type="checkbox"/> 04028	<input type="checkbox"/> 04028	<input type="checkbox"/> 04028	<input type="checkbox"/> 04028	<input type="checkbox"/> 04028	<input type="checkbox"/> 04028	<input type="checkbox"/> 04028	<input type="checkbox"/> 04028
<input type="checkbox"/> PROX UE	<input type="checkbox"/> 04030	<input type="checkbox"/> 04030	<input type="checkbox"/> 04030	<input type="checkbox"/> 04030	<input type="checkbox"/> 04030	<input type="checkbox"/> 04030	<input type="checkbox"/> 04030	<input type="checkbox"/> 04030
<input type="checkbox"/> SACROILIAC	<input type="checkbox"/> 04032	<input type="checkbox"/> 04032	<input type="checkbox"/> 04032	<input type="checkbox"/> 04032	<input type="checkbox"/> 04032	<input type="checkbox"/> 04032	<input type="checkbox"/> 04032	<input type="checkbox"/> 04032
<input type="checkbox"/> SHOULDER	<input type="checkbox"/> 04034	<input type="checkbox"/> 04034	<input type="checkbox"/> 04034	<input type="checkbox"/> 04034	<input type="checkbox"/> 04034	<input type="checkbox"/> 04034	<input type="checkbox"/> 04034	<input type="checkbox"/> 04034
<input type="checkbox"/> THORACIC	<input type="checkbox"/> 04036	<input type="checkbox"/> 04036	<input type="checkbox"/> 04036	<input type="checkbox"/> 04036	<input type="checkbox"/> 04036	<input type="checkbox"/> 04036	<input type="checkbox"/> 04036	<input type="checkbox"/> 04036
<input type="checkbox"/> WRIST	<input type="checkbox"/> 04038	<input type="checkbox"/> 04038	<input type="checkbox"/> 04038	<input type="checkbox"/> 04038	<input type="checkbox"/> 04038	<input type="checkbox"/> 04038	<input type="checkbox"/> 04038	<input type="checkbox"/> 04038

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)		MEDICINE		PEDIATRIC	
1*	2*	1*	2*	1*	2*
<input type="checkbox"/> 7260 ADHESIVE CAPSULITIS	<input type="checkbox"/> 7260	<input type="checkbox"/> 7200 ANKYLOSING SPONDYLITIS	<input type="checkbox"/> 7200	<input type="checkbox"/> 3439 CEREBRAL PALSY	<input type="checkbox"/> 3439
<input type="checkbox"/> 7194 ARTHRALGIA	<input type="checkbox"/> 7194	<input type="checkbox"/> 7070 DECUBITIS ULCER	<input type="checkbox"/> 7070	<input type="checkbox"/> 75991 CONGENITAL DEFORMITY	<input type="checkbox"/> 75991
<input type="checkbox"/> 7273 BURSITIS	<input type="checkbox"/> 7273	<input type="checkbox"/> 250 DIABETES	<input type="checkbox"/> 250	<input type="checkbox"/> 7834 DEVELOPMENTAL DELAYED	<input type="checkbox"/> 7834
<input type="checkbox"/> 7238 CERVICAL SYNDROME	<input type="checkbox"/> 7238	<input type="checkbox"/> 79931 GENERAL DEBILITATION	<input type="checkbox"/> 79931	<input type="checkbox"/> V201 HIGH RISK INFANT	<input type="checkbox"/> V201
<input type="checkbox"/> 7243 CONTUSION	<input type="checkbox"/> 7243	<input type="checkbox"/> 274 GOUT	<input type="checkbox"/> 274	<input type="checkbox"/> 74191 MENINGOMYELOCELE	<input type="checkbox"/> 74191
<input type="checkbox"/> 7381 DEFORMITY	<input type="checkbox"/> 7381	<input type="checkbox"/> 42990 HEART DISEASE	<input type="checkbox"/> 42990	<input type="checkbox"/> 35910 MUSCULAR DYSTROPHY	<input type="checkbox"/> 35910
<input type="checkbox"/> 7823 FRACTURE	<input type="checkbox"/> 7823	<input type="checkbox"/> 04291 HIV (AIDS)	<input type="checkbox"/> 04291		
<input type="checkbox"/> 71876 INSTABILITY	<input type="checkbox"/> 71876	<input type="checkbox"/> 2399 NEOPLASM, UNSPEC	<input type="checkbox"/> 2399		
<input type="checkbox"/> 72958 ILIOTIBIAL SYNDROME	<input type="checkbox"/> 72958	<input type="checkbox"/> V2421 OB AFTERCARE	<input type="checkbox"/> V2421		
<input type="checkbox"/> 717 INTERNAL DERANGEMENT, KNEE	<input type="checkbox"/> 717	<input type="checkbox"/> 2780 OVERWEIGHT	<input type="checkbox"/> 2780		
<input type="checkbox"/> V436 JOINT REPLACEMENT	<input type="checkbox"/> V436	<input type="checkbox"/> 4439 PERIPHERAL VASCULAR DISEASE	<input type="checkbox"/> 4439		
<input type="checkbox"/> 95971 KNEE INJURY/PAIN	<input type="checkbox"/> 95971	<input type="checkbox"/> 5199 PULMONARY DISEASE	<input type="checkbox"/> 5199		
<input type="checkbox"/> 7291 MUSCULAR-LIGAMENTOUS PAIN	<input type="checkbox"/> 7291	<input type="checkbox"/> 0993 REITER'S SYNDROME	<input type="checkbox"/> 0993		
<input type="checkbox"/> 71590 OSTEOARTHRITIS (DJD)	<input type="checkbox"/> 71590	<input type="checkbox"/> 585 RENAL FAILURE, CHRONIC	<input type="checkbox"/> 585		
<input type="checkbox"/> 73020 OSTEOMYELITIS	<input type="checkbox"/> 73020	<input type="checkbox"/> 7140 RHEUMATOID ARTHRITIS	<input type="checkbox"/> 7140		
<input type="checkbox"/> 72886 OVERUSE SYNDROME/SOFT TISSUE	<input type="checkbox"/> 72886	<input type="checkbox"/> 45400 VENOUS STASIS ULCER	<input type="checkbox"/> 45400		
<input type="checkbox"/> 78093 PAIN, NOS	<input type="checkbox"/> 78093	<input type="checkbox"/> 72994 OTHER CONNECTIVE TISSUE DISORD	<input type="checkbox"/> 72994		
<input type="checkbox"/> 71996 PATELLA SYNDROME	<input type="checkbox"/> 71996				
<input type="checkbox"/> 72871 PLANTAR FASCITIS	<input type="checkbox"/> 72871				
<input type="checkbox"/> 73678 PODIATRIC CONDITIONS	<input type="checkbox"/> 73678				
<input type="checkbox"/> 7234 RADICULITIS	<input type="checkbox"/> 7234				
<input type="checkbox"/> 7261 ROTATOR CUFF SYNDROME	<input type="checkbox"/> 7261				
<input type="checkbox"/> 7243 SCIATICA	<input type="checkbox"/> 7243				
<input type="checkbox"/> 7373 SCOLIOSIS/KYPHOSCOLIOSIS	<input type="checkbox"/> 7373				
<input type="checkbox"/> 848 SPRAIN/STRAIN	<input type="checkbox"/> 848				
<input type="checkbox"/> 7331 STRESS FRACTURE	<input type="checkbox"/> 7331				
<input type="checkbox"/> 73315 STRESS FRACTURE, BOOT TOP	<input type="checkbox"/> 73315				
<input type="checkbox"/> 83961 SUBLUXATION/DISLOCATION	<input type="checkbox"/> 83961				
<input type="checkbox"/> 72700 SYNOVITIS	<input type="checkbox"/> 72700				
<input type="checkbox"/> 72692 TENDINITIS	<input type="checkbox"/> 72692				
<input type="checkbox"/> 84893 TENDON/MUSCLE RUPTURE	<input type="checkbox"/> 84893				
<input type="checkbox"/> 72632 TENNIS ELBOW	<input type="checkbox"/> 72632				
<input type="checkbox"/> 72707 TENOSYNOVITIS	<input type="checkbox"/> 72707				
<input type="checkbox"/> 3530 THORACIC OUTLET SYNDROME	<input type="checkbox"/> 3530				
<input type="checkbox"/> 7241 THORACIC PAIN	<input type="checkbox"/> 7241				
<input type="checkbox"/> 73398 OTHER DYSFUNCTION	<input type="checkbox"/> 73398				
<input type="checkbox"/> 95994 OTHER BONE AND JOINT INJURY	<input type="checkbox"/> 95994				

FOR CLERICAL USE ONLY

PATIENT INFORMATION									
FMP		SPONSOR'S SSN							
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

DIAGNOSIS									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PT (DHDA)
REPEAT
VISIT

INPATIENT OR REFERRAL CODE		(IF NOT LISTED)			
<input type="radio"/> AAAA	<input type="radio"/> BGYA				
<input type="radio"/> AEAA	<input type="radio"/> BHAA				
<input type="radio"/> BAAA	<input type="radio"/> BHAE	A	A	N	A
<input type="radio"/> BAKA	<input type="radio"/> BHAF	B	B	O	B
<input type="radio"/> BBAA	<input type="radio"/> BHAG	C	C	P	C
<input type="radio"/> BBKA	<input type="radio"/> BHAI	D	D	Q	D
<input type="radio"/> BBKA	<input type="radio"/> BHAI	E	E	R	E
<input type="radio"/> BEAA	<input type="radio"/> BHAI	F	F	S	F
<input type="radio"/> BEDA	<input type="radio"/> BIYA	G	G	T	G
<input type="radio"/> BEFA	<input type="radio"/> DHCA	H	H	U	H
		I	I	V	I
		J	J	W	J
		K	K	X	K
		L	L	Y	L
		M	M	Z	M

TODAY'S DATE	
DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

PROVIDER #1	PROVIDER #2	PROCEDURES
<input type="radio"/>	<input type="radio"/>	BURN CARE
<input type="radio"/>	<input type="radio"/>	ELECTRICAL STIMULATION
<input type="radio"/>	<input type="radio"/>	FUNCTIONAL ACT TRNG
<input type="radio"/>	<input type="radio"/>	GAIT TRAINING
<input type="radio"/>	<input type="radio"/>	GAIT/RUNNING ANALYSIS
<input type="radio"/>	<input type="radio"/>	HOT PACKS
<input type="radio"/>	<input type="radio"/>	ICE
<input type="radio"/>	<input type="radio"/>	INTERMIT CERVICAL TRACT
<input type="radio"/>	<input type="radio"/>	JOBST PUMP
<input type="radio"/>	<input type="radio"/>	MANUAL THERAPY
<input type="radio"/>	<input type="radio"/>	MEDCOLATOR
<input type="radio"/>	<input type="radio"/>	MEDCOSONOLATOR
<input type="radio"/>	<input type="radio"/>	MUSCULOSKELETAL EVAL
<input type="radio"/>	<input type="radio"/>	PATIENT EDUCATION
<input type="radio"/>	<input type="radio"/>	POOL THERAPY
<input type="radio"/>	<input type="radio"/>	POST OP KNEE REHAB
<input type="radio"/>	<input type="radio"/>	RANGE OF MOTION EVAL
<input type="radio"/>	<input type="radio"/>	SENSORY EVAL
<input type="radio"/>	<input type="radio"/>	SHORT WAVE DIATHERMY
<input type="radio"/>	<input type="radio"/>	STRENGTH EVAL
<input type="radio"/>	<input type="radio"/>	TENS
<input type="radio"/>	<input type="radio"/>	THERAPEUTIC EXERCISE
<input type="radio"/>	<input type="radio"/>	TRACTION
<input type="radio"/>	<input type="radio"/>	ULTRASOUND
<input type="radio"/>	<input type="radio"/>	WHIRLPOOL
<input type="radio"/>	<input type="radio"/>	WOUND CARE

CARE PROVIDER #1				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

TIME SPENT #1

☐ 5 min. ☐ 30 min.

☐ 10 min. ☐ 45 min.

☐ 15 min. ☐ 1 hr.

☐ 20 min. ☐ >1 hr.

CARE PROVIDER #2				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

TIME SPENT #2

☐ 5 min. ☐ 30 min.

☐ 10 min. ☐ 45 min.

☐ 15 min. ☐ 1 hr.

☐ 20 min. ☐ >1 hr.

VISIT COUNT		
0	4	2
2	6	8
3	6	9

REASON FOR #2 CARE PROVIDER		
<input type="radio"/>	Co-therapist	
<input type="radio"/>	Teaching/Supervision	
<input type="radio"/>	Consultation	
<input type="radio"/>	Procedure/Treatment	
<input type="radio"/>	Other	

TODAY'S DATE	
DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

PROVIDER #1	PROVIDER #2	PROCEDURES
<input type="radio"/>	<input type="radio"/>	BURN CARE
<input type="radio"/>	<input type="radio"/>	ELECTRICAL STIMULATION
<input type="radio"/>	<input type="radio"/>	FUNCTIONAL ACT TRNG
<input type="radio"/>	<input type="radio"/>	GAIT TRAINING
<input type="radio"/>	<input type="radio"/>	GAIT/RUNNING ANALYSIS
<input type="radio"/>	<input type="radio"/>	HOT PACKS
<input type="radio"/>	<input type="radio"/>	ICE
<input type="radio"/>	<input type="radio"/>	INTERMIT CERVICAL TRACT
<input type="radio"/>	<input type="radio"/>	JOBST PUMP
<input type="radio"/>	<input type="radio"/>	MANUAL THERAPY
<input type="radio"/>	<input type="radio"/>	MEDCOLATOR
<input type="radio"/>	<input type="radio"/>	MEDCOSONOLATOR
<input type="radio"/>	<input type="radio"/>	MUSCULOSKELETAL EVAL
<input type="radio"/>	<input type="radio"/>	PATIENT EDUCATION
<input type="radio"/>	<input type="radio"/>	POOL THERAPY
<input type="radio"/>	<input type="radio"/>	POST OP KNEE REHAB
<input type="radio"/>	<input type="radio"/>	RANGE OF MOTION EVAL
<input type="radio"/>	<input type="radio"/>	SENSORY EVAL
<input type="radio"/>	<input type="radio"/>	SHORT WAVE DIATHERMY
<input type="radio"/>	<input type="radio"/>	STRENGTH EVAL
<input type="radio"/>	<input type="radio"/>	TENS
<input type="radio"/>	<input type="radio"/>	THERAPEUTIC EXERCISE
<input type="radio"/>	<input type="radio"/>	TRACTION
<input type="radio"/>	<input type="radio"/>	ULTRASOUND
<input type="radio"/>	<input type="radio"/>	WHIRLPOOL
<input type="radio"/>	<input type="radio"/>	WOUND CARE

CARE PROVIDER #1				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

TIME SPENT #1

☐ 5 min. ☐ 30 min.

☐ 10 min. ☐ 45 min.

☐ 15 min. ☐ 1 hr.

☐ 20 min. ☐ >1 hr.

CARE PROVIDER #2				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

TIME SPENT #2

☐ 5 min. ☐ 30 min.

☐ 10 min. ☐ 45 min.

☐ 15 min. ☐ 1 hr.

☐ 20 min. ☐ >1 hr.

VISIT COUNT		
0	4	2
2	6	8
3	6	9

REASON FOR #2 CARE PROVIDER		
<input type="radio"/>	Co-therapist	
<input type="radio"/>	Teaching/Supervision	
<input type="radio"/>	Consultation	
<input type="radio"/>	Procedure/Treatment	
<input type="radio"/>	Other	

22519

DO NOT MARK IN THIS AREA

1. The first part of the document is a list of 10 items, each consisting of a number followed by a name in parentheses. The names are: (1) John (2) Mary (3) Peter (4) Paul (5) David (6) Michael (7) James (8) Robert (9) William (10) Richard.

2. The second part of the document is a list of 10 items, each consisting of a number followed by a name in parentheses. The names are: (1) John (2) Mary (3) Peter (4) Paul (5) David (6) Michael (7) James (8) Robert (9) William (10) Richard.

3. The third part of the document is a list of 10 items, each consisting of a number followed by a name in parentheses. The names are: (1) John (2) Mary (3) Peter (4) Paul (5) David (6) Michael (7) James (8) Robert (9) William (10) Richard.

4. The fourth part of the document is a list of 10 items, each consisting of a number followed by a name in parentheses. The names are: (1) John (2) Mary (3) Peter (4) Paul (5) David (6) Michael (7) James (8) Robert (9) William (10) Richard.

5. The fifth part of the document is a list of 10 items, each consisting of a number followed by a name in parentheses. The names are: (1) John (2) Mary (3) Peter (4) Paul (5) David (6) Michael (7) James (8) Robert (9) William (10) Richard.

6. The sixth part of the document is a list of 10 items, each consisting of a number followed by a name in parentheses. The names are: (1) John (2) Mary (3) Peter (4) Paul (5) David (6) Michael (7) James (8) Robert (9) William (10) Richard.

7. The seventh part of the document is a list of 10 items, each consisting of a number followed by a name in parentheses. The names are: (1) John (2) Mary (3) Peter (4) Paul (5) David (6) Michael (7) James (8) Robert (9) William (10) Richard.

8. The eighth part of the document is a list of 10 items, each consisting of a number followed by a name in parentheses. The names are: (1) John (2) Mary (3) Peter (4) Paul (5) David (6) Michael (7) James (8) Robert (9) William (10) Richard.

9. The ninth part of the document is a list of 10 items, each consisting of a number followed by a name in parentheses. The names are: (1) John (2) Mary (3) Peter (4) Paul (5) David (6) Michael (7) James (8) Robert (9) William (10) Richard.

10. The tenth part of the document is a list of 10 items, each consisting of a number followed by a name in parentheses. The names are: (1) John (2) Mary (3) Peter (4) Paul (5) David (6) Michael (7) James (8) Robert (9) William (10) Richard.

- ONLY ACCEPTABLE MARK**

[illegible]

**APPOINTMENT
STATUS**

☐ **Unscheduled**

☐ **Emergency**

PLACE OF VISIT

☐ Ward

☐ Telephone

☐ Home

Other: ☐ 1 ☐ 2 ☐ 3

0
2
3
4
5
6
7
8
9

[illegible][illegible][illegible]

JOB REL ILL/INJ
(not LOD det)
Yes

MILITARY ONLY

☐ **DUTY**
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ **LIMITED DUTY**

**SPECIFIC
PREASSIGNED
CLINIC
CODES**

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

NOT AVAILABLE

☐ Medical record

☐ Lab results

☐ X-Rays

[illegible]

DO NOT MARK IN THIS AREA

NCS Trans-Optic EP01-24897:321

A6300

EVALUATIONS SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)

PAGE 01 02

PAGE 01 02

- BLEPHAROPLASTY**
- ☐ 15820 LOWER LID
 - ☐ 15822 UPPER LID
 - ☐ 30901 CONTROL HEMORRHAGE, NOSE
 - ☐ 90011 DRESSING CHANGE
 - ☐ 89600 EAR REVISION-PREVIOUS SURGERY
 - ☐ 11850 INJECTION OF SUBSTANCE (E.G. STEROID/COLLAGEN/FILL MAT 1cc)
 - ☐ 17385 LASER TREATMENT
 - ☐ 19369 MAMMARY CAPSULOTOMY (CLOSED)
 - ☐ 69310 MEATOPLASTY

- OTOPLASTY**
- ☐ 88301 BILATERAL
 - ☐ 88300 UNILATERAL
 - ☐ 10120 REMOVAL FOREIGN BODY, SUBCUT TISSUE
 - ☐ 15830 RESTORATION OF EYEBROW
 - ☐ 30406 RHINOPLASTY
 - ☐ 11407 SCAR EXCISION/REVISION
 - ☐ 11100 SKIN BIOPSY
 - ☐ 15860 SKIN FLAPS
 - ☐ 15360 SKIN GRAFT (ALLOGRAFT)
 - ☐ 80002 SUTURE REMOVAL
 - ☐ 15786 TATTOO REMOVAL
 - ☐ 40500 VERMILIONECTOMY
 - ☐ 80606 CONSULTATION

ADDITIONAL PROCEDURES															
PROVIDER 2								PROVIDER 2							
Yes								Yes							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1° is Follow-up
1° is Ref/out

- ABSENCE**
- ☐ 74409 CONGENITAL
 - ☐ 87203 ACQUIRED
- DEFORMITY**
- ☐ 7443 CONGENITAL
 - ☐ 38032 ACQUIRED
 - ☐ 87201 LACERATION

- NOSE**
- DEFORMITY**
- ☐ 7481 CONGENITAL
 - ☐ 7380 ACQUIRED
 - ☐ 470 DEVIATED SEPTUM, NOS
 - ☐ 8020 FRACTURE
 - ☐ 8732 LACERATION
 - ☐ 21900 NEOPLASM, BENIGN
 - ☐ 19501 NEOPLASM, MALIGNANT

- EYES**
- ☐ 37434 BLEPHAROCALASIS
 - ☐ 3741 ECTROPION
 - ☐ 8714 LACERATION
- PTOSIS**
- ☐ 74361 EYELID PTOSIS, CONGENITAL
 - ☐ 37438 EYELID PTOSIS, ACQUIRED
 - ☐ 37430 PTOSIS, UNSPECIFIED
 - ☐ 70928 SCAR

- EYEBROW**
- DEFORMITY**
- ☐ 74487 CONGENITAL
 - ☐ 37438 ACQUIRED
 - ☐ 37435 PTOSIS, EYEBROW

- ASYMMETRY**
- ☐ 52411
- MALOCCLUSION**
- ☐ 52441 CONGENITAL
 - ☐ 52440 ACQUIRED
 - ☐ 52400 MICROGENIA

- CLEFT LIP**
- ☐ 7491
- CLEFT PALATE**
- ☐ 7490
- CRANIOSYNOSTOSIS**
- ☐ 75603
- FACIAL CLEFTS**
- ☐ 74915
- VELOPHARYNGEAL INCOMPETENCE**
- ☐ 75028
- OTHER**
- ☐ 75604

- DEFORMITY**
- ☐ 74491 CONGENITAL, NOS
 - ☐ 73811 ACQUIRED
 - ☐ 33510 PARALYSIS
 - ☐ 70183 RHYTIDOSIS FACIALIS
 - ☐ 170926 SCARS

- APLASIA**
- ☐ 75763
- ASYMMETRY**
- ☐ 75762
- CAPSULAR CONTRACTURE**
- ☐ 70923
- CHRONIC MASTITIS**
- ☐ 61010
- DEFORMITY**
- ☐ 61180
- FIBROCYSTIC DISEASE**
- ☐ 61011
- GYNECOMASTIA**
- ☐ 61111
- HYPERTROPHY**
- ☐ 61113
- HYPOPLASIA**
- ☐ 75761
- IMPLANTS/AUGMENTATION**
- ☐ 61191
- MASS**
- ☐ 61172
- PTOSIS**
- ☐ 61181

- DIASTASIS RECTI**
- ☐ 72884
- EXCESS SKIN**
- ☐ 70193
- REDUNDANT FAT**
- ☐ 27811
- UMBILICAL HERNIA**
- ☐ 5531

EXCESS OR REDUNDANT SKIN

- REDUNDANT FAT (LIPODYSTROPHY)**
- ☐ 27261 ANKLES
 - ☐ 27262 ARMS
 - ☐ 27263 FLANKS
 - ☐ 27264 KNEES
 - ☐ 27260 THIGHS

- HAND**
- ☐ 75591 CONGENITAL DEFORMITIES
 - ☐ 72642 RHEUMATOID PROBLEMS
 - ☐ 73692 TRAUMATIC DEFORMITIES

INTEGUMENT

- ☐ 8809 BOIL
- ☐ 7065 CYST
- ☐ 2280 HEMANGIOMA
- ☐ 8798 LACERATION
- ☐ 2141 LIPOMA
- ☐ 75791 MOLE (NEVUS)
- ☐ 70905 TATTOO
- ☐ 21694 NEOPLASIA
- ☐ 21694 BENIGN
- ☐ 173 MALIGNANT
- ☐ 78220 NODULE
- ☐ 70997 ULCER
- ☐ 70997 ACUTE
- ☐ 7079 CHRONIC SKIN
- ☐ 7070 DECUBITUS

SCARS

- ☐ 70921 ADHERENT
- ☐ 70992 DEPRESSED
- ☐ 70141 HYPERTROPHIC
- ☐ 70993 IRREGULAR
- ☐ 7014 KELOID
- ☐ 70925 PAINFUL
- ☐ 70994 RAISED
- ☐ 70995 STROPHIC
- ☐ 70996 WIDE

FRACTURE

- ☐ 8026 BLOW-OUT (CLOSED)
- ☐ 80243 LEFORT
- ☐ 8022 MANDIBLE
- ☐ 8024 MAXILLA
- ☐ 8020 NOSE (CLOSED)
- ☐ 80242 ZYGOMA

OTHER

- ☐ 919 ABRASION, SCRATCH, BLISTER
- ☐ 7081 ACNE SCARS
- ☐ 70400 ALOPECIA NOT AA
- ☐ 70610 CYSTIC ACNE
- ☐ 9497 BURNS
- ☐ 9496 THERMAL
- ☐ 9498 CHEMICAL
- ☐ 9498 RADIATION
- ☐ 87991 OPEN WOUND/TRAUMA/AMPUTATION
- ☐ 95993 TRAUMATIC DEFORMITY
- ☐ 6869 OTHER INFECTIONS
- ☐ 6869 SKIN/SUBCUT
- ☐ 76554 WORRIED/CONCERNED WELL

UNLISTED REASON FOR VISIT (if not listed in columns above)															
PRIMARY								SECONDARY							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

**VISIT
COUNT**

(0)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

UCA CODE (if not above)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

INPATIENT OR REFERRAL CODE	
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

**TODAY'S
DATE**

DATE	
DAY	MONTH
	<input type="radio"/> Jan
	<input type="radio"/> Feb
	<input type="radio"/> Mar
①	<input type="radio"/> Apr
②	<input type="radio"/> May
③	<input type="radio"/> Jun
	<input type="radio"/> Jul
	<input type="radio"/> Aug
	<input type="radio"/> Sep
	<input type="radio"/> Oct
	<input type="radio"/> Nov
	<input type="radio"/> Dec

FMP	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

SPONSOR'S SSN[illegible]

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
	<input type="radio"/>	2 minutes	<input type="radio"/>	
	<input type="radio"/>	5 minutes	<input type="radio"/>	
	<input type="radio"/>	10 minutes	<input type="radio"/>	
	<input type="radio"/>	15 minutes	<input type="radio"/>	
	<input type="radio"/>	20 minutes	<input type="radio"/>	
	<input type="radio"/>	30 minutes	<input type="radio"/>	
	<input type="radio"/>	45 minutes	<input type="radio"/>	
	<input type="radio"/>	1 hour	<input type="radio"/>	
	<input type="radio"/>	1½ hours	<input type="radio"/>	
	<input type="radio"/>	2 hours	<input type="radio"/>	
	<input type="radio"/>	2½ hours	<input type="radio"/>	
	<input type="radio"/>	3 hours	<input type="radio"/>	
	<input type="radio"/>	3½ hours	<input type="radio"/>	
	<input type="radio"/>	4 hours	<input type="radio"/>	
	<input type="radio"/>	4½ hours	<input type="radio"/>	
	<input type="radio"/>	5 hours	<input type="radio"/>	
	<input type="radio"/>	5½ hours	<input type="radio"/>	
	<input type="radio"/>	6 hours	<input type="radio"/>	
	<input type="radio"/>	6½ hours	<input type="radio"/>	
	<input type="radio"/>	7 hours	<input type="radio"/>	
	<input type="radio"/>	7½ hours	<input type="radio"/>	
	<input type="radio"/>	8 hours	<input type="radio"/>	

JOB REL ILL/INJ
(not LOD det)
Yes
☒

MILITARY ONLY

☐ **DUTY**
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ **LIMITED DUTY**

**SPECIFIC
PREASSIGNED
CLINIC
CODES**

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

REASON FOR #2 CARE PROVIDER

☐ Teaching/Supervision

☐ Consultation

☐ Procedure/Treatment

Other ☐ ① ☐ ② ☐ ③

NOT AVAILABLE

☐ Medical record

☐ Lab results

☐ X-Rays

[illegible]

DO NOT MARK IN THIS AREA

21144

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
PROVIDER 1	PROVIDER 2	PROVIDER 3	PROVIDER 2	PROVIDER 2
Yes	Yes	Yes	Yes	Yes
<input type="checkbox"/> 95850 BIOMECHANICAL EXAM <input type="checkbox"/> 90081 DIABETIC ROUTINE FOOT CARE <input type="checkbox"/> 90024 MEDICAL EXAM, GENERAL <input type="checkbox"/> 95831 MUSCLE TEST <input type="checkbox"/> 97702 ORTHOTICS CHECK <input type="checkbox"/> 29780 PLASTER FOOT IMPRESSION <input type="checkbox"/> 97703 PROSTHETIC CHECK <input type="checkbox"/> 95851 RANGE OF MOTION <input type="checkbox"/> 29540 ANKLE, STRAPPING <input type="checkbox"/> 29502 POSTERIOR SPLINT-FOOT & ANKLE <input type="checkbox"/> 29800 REMOVAL REPAIR, REAPPLICATION <input type="checkbox"/> 29515 SPLINT APPLIC, SHORT LEG <input type="checkbox"/> 29550 TDES, STRAPPING <input type="checkbox"/> 29798 UNLSTED STRAPPING <input type="checkbox"/> 29580 UNNA BOOT	<input type="checkbox"/> 28290 BUNIONECTOMY <input type="checkbox"/> 15793 CHEMICAL PEEL, REGIONAL, SUPERFICIAL <input type="checkbox"/> 28128 CONDYLECTOMY, TOE <input type="checkbox"/> 17340 CRYOTHERAPY <input type="checkbox"/> 11044 DEBRIDE SKIN, MUSCLE, BONE <input type="checkbox"/> DEBRIDE WARTS/CALLUSES/WOUNDS <input type="checkbox"/> 11050 1 LESION <input type="checkbox"/> 11051 2-4 LESIONS <input type="checkbox"/> 11005 DEBRIDE ULCER OR ABSCESS <input type="checkbox"/> 11043 DEBRIDE WOUND <input type="checkbox"/> 90011 DRESSING CHANGE <input type="checkbox"/> 28080 EXCISION OF NEUROMA <input type="checkbox"/> 10120 FOREIGN BODY REMOVAL, UNSPEC <input type="checkbox"/> 28285 HAMMERTOE OPERATION (INTER-PHALANGEAL FUSION, FILLETING) <input type="checkbox"/> 10004 I&D CYST	<input type="checkbox"/> 11700 DEBRIDE 1-5 <input type="checkbox"/> 11701 DEBRIDE 6-10 <input type="checkbox"/> 11752 EXCISION, NAIL, MEDIAL BORDER <input type="checkbox"/> 11753 EXCISION, NAIL, LATERAL BORDER <input type="checkbox"/> 11750 MATRIX DESTRUCTION <input type="checkbox"/> 11740 NAIL TREPHINATION <input type="checkbox"/> 10100 I&D PARONYCHIA <input type="checkbox"/> 11730 PARTIAL AVUL NAIL HALLUX <input type="checkbox"/> 28303 OSTEOTOMY <input type="checkbox"/> 28117 PLANTAR FASCIA RELEASE <input type="checkbox"/> 90002 SUTURE REMOVAL <input type="checkbox"/> 12001 SUTURE WOUND <input type="checkbox"/> 90780 ANES & STEROID <input type="checkbox"/> 64452 ANKLE BLOCK <input type="checkbox"/> 64454 DIGITAL BLOCK	<input type="checkbox"/> 89002 ADMIN SERVICE FOR ORTHO DEVICE ORDERING/FITTING <input type="checkbox"/> 17250 CAUTERIZATION, CHEMICAL <input type="checkbox"/> 99074 SUTURE REMOVAL/DRESSING <input type="checkbox"/> 90605 CONSULTATION	<input type="checkbox"/> 87070 BACTERIAL <input type="checkbox"/> 87101 MYCOTIC <input type="checkbox"/> 87184 SENSITIVITY

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)				
1*	2*	3*	4*	5*
<input type="checkbox"/> 68291 ABSCESS <input type="checkbox"/> 9172 BLISTER, FRICTION <input type="checkbox"/> 9173 BLISTER W/INFECTION <input type="checkbox"/> 6827 CELLULITIS, FOOT (EXCEPT TOE) <input type="checkbox"/> 6811 CELLULITIS, TOE <input type="checkbox"/> 892 CONTACT DERMATITIS <input type="checkbox"/> 700 CORNS & CALLOSITIES <input type="checkbox"/> 7808 HYPERHIDROSIS <input type="checkbox"/> 7030 INGROWN TOENAIL <input type="checkbox"/> 703 NAIL DISEASE <input type="checkbox"/> 7031 ONYCHOMYCOSIS <input type="checkbox"/> 68112 PARONYCHIA OF TOE <input type="checkbox"/> 7034 LINEA PEDIS-ATHLETE'S FOOT <input type="checkbox"/> 7071 ULCER (LOWER LIMB) <input type="checkbox"/> 7071 ULCERATION OF FOOT, DIABETIC ASSOCIATED <input type="checkbox"/> 7073 ULCERATION OF TOE, DIABETIC ASSOCIATED <input type="checkbox"/> 07813 WARTS, PLANTAR <input type="checkbox"/> 7099 OTHER UNSPEC SKIN DISEASE	<input type="checkbox"/> V5495 AFTERCARE, AMP, LOWER LEG <input type="checkbox"/> V5494 AFTERCARE, AMP, ABOVE KNEE <input type="checkbox"/> 71887 ANKLE INSTABILITY <input type="checkbox"/> 7325 APOPHYSITIS, CALCANEAL <input type="checkbox"/> 72710 BUNION, 1ST METATARSAL <input type="checkbox"/> 72711 BUNION, 5TH METATARSAL <input type="checkbox"/> 72671 BURSITIS, TENONITIS, ACHILLES <input type="checkbox"/> 7273 BURSITIS, NOS <input type="checkbox"/> 7135 CHARCOT'S DISEASE <input type="checkbox"/> 92420 CONTUSION, FOOT <input type="checkbox"/> 92421 CONTUSION, ANKLE <input type="checkbox"/> 9249 CONTUSION <input type="checkbox"/> 9299 CRUSHING INJURY <input type="checkbox"/> 83800 DISLOCATION, FOOT, CLOSED <input type="checkbox"/> 83809 DISLOCATION, TOE <input type="checkbox"/> 7296 FOREIGN BODY IN TISSUE <input type="checkbox"/> GANGRENE <input type="checkbox"/> 78541 DIABETIC, DRY <input type="checkbox"/> 78543 DIABETIC, WET <input type="checkbox"/> 78540 NON-DIABETIC, DRY <input type="checkbox"/> 78542 NON-DIABETIC, WET <input type="checkbox"/> 72673 HEEL SPUR <input type="checkbox"/> 7195 JOINT STIFFNESS <input type="checkbox"/> 7354 HAMMER TOE, ACQUIRED <input type="checkbox"/> 75566 HAMMER TOE, CONGENITAL <input type="checkbox"/> 3589 NEUROMUSCULAR DISEASE, UNSPEC <input type="checkbox"/> 3558 MORTON'S NEUROMA <input type="checkbox"/> 71597 OSTEOARTHRITIS ANKLE/FOOT <input type="checkbox"/> 2139 OSTEOCHONDROMA <input type="checkbox"/> 73277 OSTEOCHONDROITIS DISSECCANS, ANKLE <input type="checkbox"/> 73020 OSTEOMYELITIS <input type="checkbox"/> 95791 PERIPHERAL NERVE INJURY <input type="checkbox"/> 72871 PLANTAR FASCITIS <input type="checkbox"/> 75738 POROKERATOSIS <input type="checkbox"/> 7140 RHEUMATOID ARTHRITIS <input type="checkbox"/> 73398 SESAMOIDITIS <input type="checkbox"/> 8444 SHIN SPLINTS <input type="checkbox"/> 8450 SPRAIN, ANKLE <input type="checkbox"/> 84491 STRAIN, LOWER LEG <input type="checkbox"/> 72700 SYNOVITIS, NOS <input type="checkbox"/> 3555 TARSAL TUNNEL SYNDROME <input type="checkbox"/> 72706 TENOSYNOVITIS/FOOT & ANKLE <input type="checkbox"/> 79983 WEAKNESS FOOT	<input type="checkbox"/> 75453 FOREFOOT VARUS <input type="checkbox"/> 75460 FOREFOOT VALGUS <input type="checkbox"/> 73681 LIMB LENGTH DISCREPANCY <input type="checkbox"/> 75450 SUB-TALAR VARUS <input type="checkbox"/> 75462 SUB-TALAR VALGUS <input type="checkbox"/> 75478 EQUINUS <input type="checkbox"/> 7350 HALLUX VALGUS <input type="checkbox"/> V213 GROWTH DISCREPANCY <input type="checkbox"/> 75471 PES CAVUS <input type="checkbox"/> 75461 PES PLANUS (PRONATORY COMPENSATION) <input type="checkbox"/> 7542 SCOLIOSIS <input type="checkbox"/> 7546 VALGUS DEFORMITY, FOOT <input type="checkbox"/> 7545 VARUS DEFORMITY, FOOT	<input type="checkbox"/> 4402 ARTERIOSCLEROSIS, EXTREMITIES <input type="checkbox"/> 2299 NEOPLASM, BENIGN <input type="checkbox"/> 71590 OSTEOARTHRITIS <input type="checkbox"/> 73399 POLYCHONDROITIS <input type="checkbox"/> 7270 TENOSYNOVITIS <input type="checkbox"/> 19912 TUMOR, MALIGNANT, NOS <input type="checkbox"/> V6554 WORRIED CONCERNED/WELL	

UNLISTED REASON FOR VISIT (if not listed in columns above)	
PRIMARY	SECONDARY
V () () () () ()	V () () () () ()
S () () () () ()	S () () () () ()
() () () () ()	() () () () ()
() () () () ()	() () () () ()
() () () () ()	() () () () ()
() () () () ()	() () () () ()
() () () () ()	() () () () ()
() () () () ()	() () () () ()
() () () () ()	() () () () ()
() () () () ()	() () () () ()

PREVENTIVE MEDICINE/ CHN PATIENT (FBBA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN												
DAY	MONTH														
<input type="radio"/>	Jan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Feb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Mar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Apr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	May	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Aug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Sep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Oct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Nov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Dec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OTHER UCA	
<input type="radio"/> FBAA	<input type="radio"/> BAQA

IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
Other <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

VISIT COUNT
<input type="radio"/> 0
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

UCA CODE (if not above)
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
PROVIDER 1 #1 #2	PROVIDER 2 #1 #2	PROVIDER 3 #1 #2	PROVIDER 4 Yes <input type="checkbox"/>	PROVIDER 5 Yes <input type="checkbox"/>
<input type="checkbox"/> 99081 HEALTH RECORD REVIEW	<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 07060 BPH MONITORING	<input type="checkbox"/> 07060 BPH MONITORING	<input type="checkbox"/> 07060 BPH MONITORING
<input type="checkbox"/> 98514 HEMATOCRIT	<input type="checkbox"/> 90745 INJECTION/OBSERVATION	<input type="checkbox"/> 07030 SMOKING	<input type="checkbox"/> 07030 SMOKING	<input type="checkbox"/> 07030 SMOKING
<input type="checkbox"/> 82270 MEMOCULT	<input type="checkbox"/> 07008 OSTOMY CARE	<input type="checkbox"/> 07036 STD	<input type="checkbox"/> 07036 STD	<input type="checkbox"/> 07036 STD
<input type="checkbox"/> 84030 PKU		<input type="checkbox"/> 07055 TB	<input type="checkbox"/> 07055 TB	<input type="checkbox"/> 07055 TB
<input type="checkbox"/> 07002 RUBELLA	<input type="checkbox"/> 07012 ADL	<input type="checkbox"/> 07040 WELL CHILD	<input type="checkbox"/> 07040 WELL CHILD	<input type="checkbox"/> 07040 WELL CHILD
<input type="checkbox"/> 90700 SHOT RECORD	<input type="checkbox"/> 07023 APNEA MONITOR USE	<input type="checkbox"/> 07050 WELL BABY	<input type="checkbox"/> 07050 WELL BABY	<input type="checkbox"/> 07050 WELL BABY
<input type="checkbox"/> 07001 SICKLE CELL	<input type="checkbox"/> 07024 AVAILABLE COMMUNITY RESOURCES	<input type="checkbox"/> 07007 W.I.C. PROGRAM	<input type="checkbox"/> 07007 W.I.C. PROGRAM	<input type="checkbox"/> 07007 W.I.C. PROGRAM
<input type="checkbox"/> 87080 THROAT CULTURE	<input type="checkbox"/> 07010 BREAST FEEDING			
<input type="checkbox"/> 81001 URINE (DIP STICK)	<input type="checkbox"/> 07018 DISEASE SPECIFIC	<input type="checkbox"/> 07091 COMM DIS CASE INTERVIEW	<input type="checkbox"/> 07091 COMM DIS CASE INTERVIEW	<input type="checkbox"/> 07091 COMM DIS CASE INTERVIEW
<input type="checkbox"/> 36415 VENTPUNCTURE	<input type="checkbox"/> 07017 FAMILY PLANNING	<input type="checkbox"/> 07092 COMM DIS CONTACT INTERVIEW	<input type="checkbox"/> 07092 COMM DIS CONTACT INTERVIEW	<input type="checkbox"/> 07092 COMM DIS CONTACT INTERVIEW
	<input type="checkbox"/> 07020 FOREIGN TRAVEL	<input type="checkbox"/> 07070 STD CONTACT INTERVIEW	<input type="checkbox"/> 07070 STD CONTACT INTERVIEW	<input type="checkbox"/> 07070 STD CONTACT INTERVIEW
<input type="checkbox"/> 07008 COMPLEX PATIENT COORDINATION	<input type="checkbox"/> 07025 GROWTH & DEVELOPMENT	<input type="checkbox"/> 07093 OTHER EPI INTERVIEW	<input type="checkbox"/> 07093 OTHER EPI INTERVIEW	<input type="checkbox"/> 07093 OTHER EPI INTERVIEW
<input type="checkbox"/> 07004 DEVELOPMENTAL (EX: DOST)	<input type="checkbox"/> 07011 HEALTH/FITNESS	<input type="checkbox"/> 88581 TB SKIN TEST, TIME (ADMM)	<input type="checkbox"/> 88581 TB SKIN TEST, TIME (ADMM)	<input type="checkbox"/> 88581 TB SKIN TEST, TIME (ADMM)
<input type="checkbox"/> 03010 DISCHARGE PLANNING	<input type="checkbox"/> 07028 HOME SAFETY	<input type="checkbox"/> 88582 TB SKIN TEST, READ	<input type="checkbox"/> 88582 TB SKIN TEST, READ	<input type="checkbox"/> 88582 TB SKIN TEST, READ
<input type="checkbox"/> 90785 EXCEPTIONAL FAMILY MEMBER	<input type="checkbox"/> 07019 INFECTIOUS DISEASE PREV			
<input type="checkbox"/> 07006 HEALTH NEEDS	<input type="checkbox"/> 07027 MULTIPLE BIRTH			
<input type="checkbox"/> 07008 HOME EVALUATION	<input type="checkbox"/> 07016 NEWBORN			
<input type="checkbox"/> 07022 HOME SAFETY	<input type="checkbox"/> 89157 NURSE PATIENT COUNSELING			
<input type="checkbox"/> 07003 PHYSICAL (CHN)	<input type="checkbox"/> 03049 NUTRITION			
<input type="checkbox"/> 07021 PRE-SCHOOL	<input type="checkbox"/> 07013 POSTPARTUM			
<input type="checkbox"/> 90023 REFERRAL TO LOCAL RESOURCE	<input type="checkbox"/> 07016 PREMATURE INFANT CARE			
	<input type="checkbox"/> 07014 PRENATAL			
	<input type="checkbox"/> 89078 SELF EXAM, BREAST			
	<input type="checkbox"/> 89077 SELF EXAM, TESTICULAR			

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)		
1*	2*	3*
<input type="checkbox"/> 098 GONORRHEA, ALL SITES	<input type="checkbox"/> 30510 ABUSE OF TOBACCO	<input type="checkbox"/> 829 FRACTURES, ALL SITES
<input type="checkbox"/> V0731 IMH PROPHYLAXIS	<input type="checkbox"/> 2942 ORGANIC PSYCHOSES EXCL ALCOHOLIC	<input type="checkbox"/> 7310 OSTEITIS DEFORMANS
<input type="checkbox"/> V30 NORMAL NEWBORN		<input type="checkbox"/> 71590 OSTEOARTHRITIS & ALLIED COND
<input type="checkbox"/> V242 POSTPARTUM CARE, ROUTINE F/U	NEUROSES & OTHER PSYCH DISORDERS	<input type="checkbox"/> 7140 RHEUMATOID ARTHR & ALLIED COND
<input type="checkbox"/> V221 PRENATAL CARE	<input type="checkbox"/> 30500 ALCOHOLIC PROBLEM	<input type="checkbox"/> 848 SPRAIN & STRAIN, ALL OTH SITES
<input type="checkbox"/> 0109 TUBERCULIN CONVERTER	<input type="checkbox"/> 3128 BEHAVIOR DISORDERS NEC	
<input type="checkbox"/> 7955 TUBERCULIN REACTOR, NONSPEC	<input type="checkbox"/> 30040 DEPRESSIVE DISORDER	GENERAL SIGNS & SYMPTOMS
<input type="checkbox"/> 79551 TUBERCULOSIS CONTACT	<input type="checkbox"/> 319 MENTAL RETARDATION	<input type="checkbox"/> V0711 DESENSITIZATION, ALLERGENS, F/U
<input type="checkbox"/> V815 UNSPEC HOUSING/ECONOMIC CONCERN	NERVOUS SYSTEM	<input type="checkbox"/> 7833 FEEDING PROBLEM
<input type="checkbox"/> V8251 WELLNESS MAINTEN/HEALTH PROMO	<input type="checkbox"/> 3310 ALZHEIMER'S DISEASE	<input type="checkbox"/> 7806 FEVER OF UNDETERMINED CAUSE
	<input type="checkbox"/> 3439 CEREBRAL PALSY	<input type="checkbox"/> 7807 MALAISE, FATIGUE, TIREDNESS
INFECTIVE & PARASITIC DISEASES	<input type="checkbox"/> 345 EPILEPSY, ALL TYPES	<input type="checkbox"/> 7821 RASH & OTHR NONSPEC SKIN ERUPT
<input type="checkbox"/> 1126 CANDIDIASIS, NOS	<input type="checkbox"/> 332 PARKINSONISM	
<input type="checkbox"/> V0711 HEPATITIS, EXPOSURE	<input type="checkbox"/> 3312 SENILITY (DBS)	SUPPLEMENTARY CLASSIFICATION
<input type="checkbox"/> 7533 HEPATITIS, UNSPEC	CONGENITAL ANOMALIES	<input type="checkbox"/> 8776 ACCIDENTAL INGESTION
<input type="checkbox"/> 0093 INTESTINAL DISEASE-PRES INFECT	<input type="checkbox"/> 7492 CLEFT LIP/PALATE	<input type="checkbox"/> 7708 APNEA, INFANT
<input type="checkbox"/> 0050 INTESTINAL DISEASE-PROV INFECT	<input type="checkbox"/> 7469 CONGENITAL HEART DISEASE	<input type="checkbox"/> 678 BREAST DISORDERS, OTHER
<input type="checkbox"/> 1329 PEDICULOSIS	<input type="checkbox"/> 7569 CONGENITAL ORTHOPEDIC CONDITION	<input type="checkbox"/> V029 CARRIER, INFECT/PARAS DIS
<input type="checkbox"/> 0569 RUBELLA	<input type="checkbox"/> 7580 DOWN'S SYNDROME	<input type="checkbox"/> 386 CATARACT
SEXUALLY TRANSMITTED DISEASES	<input type="checkbox"/> 3314 HYDROCEPHALUS	<input type="checkbox"/> 9955 CHILD ABUSE/CHILD NEGLECT
<input type="checkbox"/> 07981 CHLAMYDIA	<input type="checkbox"/> 74191 MENINGOMYELOCELE	<input type="checkbox"/> 78901 COLIC
<input type="checkbox"/> V016 CONTACT/EXPOSURE	<input type="checkbox"/> 74190 SPINA BIFIDA	<input type="checkbox"/> 37230 CONJUNCTIVITIS & OPHTHALMIA
<input type="checkbox"/> 05410 HERPES GENITALIS	<input type="checkbox"/> 7599 OTHER CONGENITAL CONDITION	<input type="checkbox"/> 692 CONTACT DERMATITIS & ECZEMA
<input type="checkbox"/> 0989 PPNG		<input type="checkbox"/> V019 CONTACT W/INFECT/PARAS DIS
<input type="checkbox"/> 0910 SYPHILIS, PRIMARY	CIRCULATORY SYSTEM	<input type="checkbox"/> 7834 DELAYED MILESTONES
<input type="checkbox"/> 0979 SYPHILIS, ALL SITE & STAGES	<input type="checkbox"/> 436 CEREBROVASCULAR ACCIDENT (CVA)	<input type="checkbox"/> 7881 DYSURIA
<input type="checkbox"/> 0119 TB, PULMONARY ACT/REACT	<input type="checkbox"/> 4149 CHRONIC ISCHEMIC HEART DISEASE	<input type="checkbox"/> 78341 FAILURE TO THRIVE
<input type="checkbox"/> 019 TB, NON-PULMONARY	<input type="checkbox"/> 401 HYPERTENSION	<input type="checkbox"/> V610 FAMILY DISRUPTION
<input type="checkbox"/> 052 VARICELLA (CHICKEN POX)	<input type="checkbox"/> 7823 PERIPHERAL EDEMA	<input type="checkbox"/> V6021 FINANCIAL PROBLEMS
	<input type="checkbox"/> 39890 RHEUMATIC HEART DISEASE	<input type="checkbox"/> V2509 GENERAL CONTRACEPTIVE GUIDANCE
NEOPLASMS	RESPIRATORY SYSTEM	<input type="checkbox"/> V412 HEARING PROBLEMS
<input type="checkbox"/> 21694 BENIGN, SKIN/SUBCUT	<input type="checkbox"/> 4860 BRONCHITIS, ACUTE	<input type="checkbox"/> V201 HIGH-RISK INFANT
<input type="checkbox"/> 19912 MALIGNANT, UNSPEC SITE	<input type="checkbox"/> 486 COPO	<input type="checkbox"/> V601 INADEQUATE HOUSING
ENDOCR, NUTRIT, METABOL DISORDERS	<input type="checkbox"/> 7862 COUGH	<input type="checkbox"/> 8798 LACERATION/OPEN WOUND(S)
<input type="checkbox"/> 250 DIABETES MELLITUS	<input type="checkbox"/> 488 PNEUMONIA	<input type="checkbox"/> V6110 MARITAL PROBLEM
<input type="checkbox"/> 2780 OBESITY		<input type="checkbox"/> V1581 NONCOMPLIANCE W/MEDICAL REGIME
BLOOD DISORDERS	DIGESTIVE SYSTEM	<input type="checkbox"/> V6751 OBSER/CARE PT ON HI RISK MED
<input type="checkbox"/> 280 IRON DEFICIENCY ANEMIA	<input type="checkbox"/> 7870 NAUSEA/VOMITING	<input type="checkbox"/> V6120 PARENT & CHILD PROBLEM
<input type="checkbox"/> 2826 SICKLE CELL ANEMIA	<input type="checkbox"/> 5259 TEETH & SUPPORT STRUCTURE DIS	
	<input type="checkbox"/> 5379 OTHER STOMACH/DUODODEN DIS/DIS	

PRIMARY CARE PATIENT (BHAA)

OTHER UCA	
<input type="radio"/> BHBA	<input type="radio"/> BJYA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



TODAY'S DATE		FMP	SPONSOR'S SSN									
DAY	MONTH											
<input type="radio"/> 1	<input type="radio"/> Jan	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> Feb	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 3	<input type="radio"/> Mar	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> Apr	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 5	<input type="radio"/> May	<input type="radio"/> 5	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 6	<input type="radio"/> Jun	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 7	<input type="radio"/> Jul	<input type="radio"/> 7	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 8	<input type="radio"/> Aug	<input type="radio"/> 8	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 9	<input type="radio"/> Sep	<input type="radio"/> 9	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 0	<input type="radio"/> Oct	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> Nov	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> Dec	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0

IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
<input type="radio"/> Other (1)(2)(3)

VISIT COUNT
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

UCA CODE (if not above)
<input type="radio"/> A
<input type="radio"/> B
<input type="radio"/> C
<input type="radio"/> D
<input type="radio"/> E
<input type="radio"/> F
<input type="radio"/> G
<input type="radio"/> H
<input type="radio"/> I
<input type="radio"/> J
<input type="radio"/> K
<input type="radio"/> L
<input type="radio"/> M
<input type="radio"/> N
<input type="radio"/> O
<input type="radio"/> P
<input type="radio"/> Q
<input type="radio"/> R
<input type="radio"/> S
<input type="radio"/> T
<input type="radio"/> U
<input type="radio"/> V
<input type="radio"/> W
<input type="radio"/> X
<input type="radio"/> Y
<input type="radio"/> Z

INPATIENT OR REFERRAL CODE
<input type="radio"/> A
<input type="radio"/> B
<input type="radio"/> C
<input type="radio"/> D
<input type="radio"/> E
<input type="radio"/> F
<input type="radio"/> G
<input type="radio"/> H
<input type="radio"/> I
<input type="radio"/> J
<input type="radio"/> K
<input type="radio"/> L
<input type="radio"/> M
<input type="radio"/> N
<input type="radio"/> O
<input type="radio"/> P
<input type="radio"/> Q
<input type="radio"/> R
<input type="radio"/> S
<input type="radio"/> T
<input type="radio"/> U
<input type="radio"/> V
<input type="radio"/> W
<input type="radio"/> X
<input type="radio"/> Y
<input type="radio"/> Z

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="radio"/> 1	<input type="radio"/> 1	2 minutes	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	5 minutes	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	10 minutes	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	15 minutes	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	20 minutes	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	30 minutes	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	45 minutes	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	1 hour	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	1 1/2 hours	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	2 hours	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	2 1/2 hours	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	3 hours	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	3 1/2 hours	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	4 hours	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	4 1/2 hours	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	5 hours	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	5 1/2 hours	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	6 hours	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	6 1/2 hours	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	7 hours	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	7 1/2 hours	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	8 hours	<input type="radio"/> 2	<input type="radio"/> 2

JOB REL ILL/INJ (not LOD det)
<input type="radio"/> Yes

MILITARY ONLY
<input type="radio"/> DUTY
QUARTERS:
<input type="radio"/> 24 hours
<input type="radio"/> 48 hours
<input type="radio"/> 72 hours
PROFILE:
<input type="radio"/> 1-3 days
<input type="radio"/> 4-7 days
<input type="radio"/> 8-14 days
<input type="radio"/> > 14 days
<input type="radio"/> LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

NOT AVAILABLE
<input type="radio"/> Medical record
<input type="radio"/> Lab results
<input type="radio"/> X-Rays

REASON FOR #2 CARE PROVIDER
<input type="radio"/> Teaching/Supervision
<input type="radio"/> Consultation
<input type="radio"/> Procedure/Treatment
<input type="radio"/> Other (1)(2)(3)

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
DO NOT MARK IN THIS AREA																			

47288

EVALUATIONS SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
PROVIDER 1	PROVIDER 2	PROVIDER 3	PROVIDER 2	PROVIDER 2
01 02	01 02	01 02	Yes	Yes
<input type="checkbox"/> 87070 CULTURE, BACTERIAL, ANY SOURCE			<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05
<input type="checkbox"/> 87080 CULTURE, THROAT			<input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10
<input type="checkbox"/> 90011 DRESSING CHANGE			<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15
<input type="checkbox"/> 90212 EAR IRRIGATION			<input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	<input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20
<input type="checkbox"/> 90006 EXAM, COMPLAINT SPECIFIC F/U			<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25
<input type="checkbox"/> 90008 EXAM, COMPLAINT SPECIFIC MED			<input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	<input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30
<input type="checkbox"/> 90024 EXAM, GENERAL MEDICAL			<input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35	<input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35
<input type="checkbox"/> 90085 EXAM, PHYSICAL, MILITARY (INCL RETIREMENT)			<input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40	<input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40
<input type="checkbox"/> 92005 EYE IRRIGATION			<input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45	<input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45
<input type="checkbox"/> 99157 NURSE-PATIENT COUNSELING			<input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50	<input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50
<input type="checkbox"/> 36000 START IV			<input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55	<input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55
<input type="checkbox"/> 36415 VENIPUNCTURE			<input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60	<input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)			
1*	2*	1*	2*
<input type="checkbox"/> 075 INFECTIOUS MONONUCLEOSIS	<input type="checkbox"/> 7881 DYSURIA*	<input type="checkbox"/> 3000 ANXIETY REACTION	<input type="checkbox"/> 7808 FEVER OF UNDETERMINED CAUSE*
<input type="checkbox"/> 1322 LICE, CRAB*	<input type="checkbox"/> 5880 URINARY TRACT INFECTION	<input type="checkbox"/> 3111 DEPRESSION*	<input type="checkbox"/> 7807 MALAISE, FATIGUE, TIREDDNESS*
<input type="checkbox"/> 0999 SEXUALLY TRANSMITTED DISEASE*	<input type="checkbox"/> 600 MALE GU	<input type="checkbox"/> 7804 DIZZINESS & GIDDINESS*	<input type="checkbox"/> 78983 WEAKNESS*
<input type="checkbox"/> 052 VARICELLA (CHICKENPOX)	<input type="checkbox"/> 608 BENIGN PROSTATIC HYPERTROPHY	<input type="checkbox"/> 7840 HEADACHE	
<input type="checkbox"/> 0799 VIRAL SYNDROME, NOS	<input type="checkbox"/> 6089 TESTICULAR CONDITION	<input type="checkbox"/> 348 HEADACHE, MIGRAINE	
	<input type="checkbox"/> 7887 URETHRAL DISCHARGE (MALE)*	<input type="checkbox"/> 3029 SEXUAL PROBLEMS	
<input type="checkbox"/> 37230 CONJUNCTIVITIS	<input type="checkbox"/> 8119 BREAST PROBLEMS*	<input type="checkbox"/> 413 ANGINA PECTORIS	<input type="checkbox"/> 8952 ADVERSE EFFECT MED PROPER DOSE
<input type="checkbox"/> 36920 DECREASED VISION*	<input type="checkbox"/> V2501 CONTRACEPTIVES, ORAL	<input type="checkbox"/> 7882 BLOOD PRESSURE, ELEVATED	<input type="checkbox"/> 8929 HEAT INJURY*
<input type="checkbox"/> 37990 PAIN/ITCH/DISCHARGE/REDNESS*	<input type="checkbox"/> 8289 MENSTRUAL PROBLEMS*	<input type="checkbox"/> 7886 CHEST PAIN*	
<input type="checkbox"/> V7201 REQUEST FOR GLASSES*	<input type="checkbox"/> 825 PELVIC PAIN*	<input type="checkbox"/> 4280 CONGESTIVE HEART FAILURE	
<input type="checkbox"/> V412 HEARING PROBLEM*	<input type="checkbox"/> V724 SUSPECTS PREGNANCY*	<input type="checkbox"/> 401 HYPERTENSION	
<input type="checkbox"/> 3801 OTITIS EXTERNA	<input type="checkbox"/> 8235 VAGINAL DISCHARGE*	<input type="checkbox"/> 285 ANEMIA, UNSPECIFIED	<input type="checkbox"/> 819 ABRASION, SCRATCHES*
<input type="checkbox"/> 3820 OTITIS MEDIA, ACUTE	<input type="checkbox"/> 81810 VAGINITIS/VULVITIS, NOS	<input type="checkbox"/> 2899 OTHER HEMATOLOGICAL ABNORMALITY	<input type="checkbox"/> 8249 CONTUSION, ALL SITES
<input type="checkbox"/> 477 ALLERGY/HAYFEVER* (RHINITIS)	<input type="checkbox"/> 250 DIABETES MELLITUS	<input type="checkbox"/> 7273 BURSITIS	<input type="checkbox"/> 85992 INJURY, TRAUMATIC, NOS
<input type="checkbox"/> 4720 RUNNING/STUFFY NOSE*	<input type="checkbox"/> 274 GOUT	<input type="checkbox"/> 81600 FINGER(S)	<input type="checkbox"/> 88954 INSECT BITES*
<input type="checkbox"/> 481 SINUS PROBLEM*	<input type="checkbox"/> 2780 OBESITY (WT REDUCTION)*	<input type="checkbox"/> 8260 TOE(S)	<input type="checkbox"/> 87987 WOUND, PUNCTURE
<input type="checkbox"/> 462 SORE THROAT*	<input type="checkbox"/> 2599 OTHER ENDOCRINE DISORDER	<input type="checkbox"/> 71590 OSTEOARTHRITIS (DJO)	
<input type="checkbox"/> 0349 STREP THROAT		<input type="checkbox"/> 7194 PAIN IN JOINT, ARTHRALGIA	
<input type="checkbox"/> 453 TONSILLITIS, ACUTE		<input type="checkbox"/> 8450 ANKLE	
<input type="checkbox"/> 4660 BRONCHITIS, ACUTE	<input type="checkbox"/> 68291 ABSCESS	<input type="checkbox"/> 8479 BACK	
<input type="checkbox"/> 491 BRONCHITIS, CHRONIC	<input type="checkbox"/> 7081 ACNE*	<input type="checkbox"/> 8470 CERVICAL	
<input type="checkbox"/> 496 COPO	<input type="checkbox"/> 6809 BOIL/CARBUNCLE*	<input type="checkbox"/> 84891 JOINT (LIGAMENTS)	
<input type="checkbox"/> 7862 COUGH*	<input type="checkbox"/> 6829 CELLULITIS, NOS	<input type="checkbox"/> 84892 MUSCLES & TENDONS	
<input type="checkbox"/> 486 PNEUMONIA	<input type="checkbox"/> 692 CONTACT DERMATITIS	<input type="checkbox"/> 848 OTHER	
<input type="checkbox"/> 460 URI, ACUTE (COLD)*	<input type="checkbox"/> 6929 ECZEMA	<input type="checkbox"/> 7195 STIFFNESS IN JOINT, ARTHRITIS	
	<input type="checkbox"/> 684 IMPETIGO	<input type="checkbox"/> 7245 BACK PAIN W/O RADIATING SYM*	
	<input type="checkbox"/> 7030 INGROWN TOENAIL*	<input type="checkbox"/> 7231 NECK PAIN* (CERVICAL)	
	<input type="checkbox"/> 23293 KERATOSIS	<input type="checkbox"/> 72989 OTHER MUSCULOSKELETAL PROBLEM	
	<input type="checkbox"/> 7821 RASH (EXANTHEMS, NOS)		
	<input type="checkbox"/> 6930 RASH, DRUG*		
	<input type="checkbox"/> 70622 SEBACEOUS CYST		
	<input type="checkbox"/> 0781 WARTS		
<input type="checkbox"/> 7890 ABDOMINAL PAIN*			
<input type="checkbox"/> 57896 BLEEDING, GI, NOS*			
<input type="checkbox"/> 5640 CONSTIPATION*			
<input type="checkbox"/> 55891 DIARRHEA*			
<input type="checkbox"/> 55890 GASTROENTERITIS			
<input type="checkbox"/> 4556 HEMORRHOIDS W/O COMPLICATION			
<input type="checkbox"/> 5733 HEPATITIS, NOS			
<input type="checkbox"/> 5533 HIATAL HERNIA			
<input type="checkbox"/> 5641 IRRITABLE BOWEL SYNDROME			
<input type="checkbox"/> 7870 NAUSEA/VOMITING*			

UNLISTED REASON FOR VISIT (if not listed in columns above)	
PRIMARY	SECONDARY
Y: 0 1 2 3 4 5 6 7 8 9	Y: 0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
2 3 4 5 6 7 8 9	2 3 4 5 6 7 8 9
3 4 5 6 7 8 9	3 4 5 6 7 8 9
4 5 6 7 8 9	4 5 6 7 8 9
5 6 7 8 9	5 6 7 8 9
6 7 8 9	6 7 8 9
7 8 9	7 8 9
8 9	8 9
9	9

PSYCHIATRY PATIENT (BFAA)

OTHER UCA

☐ BFDA

☐ BFAA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
Other ① ② ③

VISIT COUNT

- 0
2
3
4
5
6
7
8
9

UCA CODE (if not above)

B	A	A			
D	B	B			
D	C	C			
F	E	E			
F	F	F			
G	G	G			
H	H	H			
I	I	I			
J	J	J			
K	K	K			
L	L	L			
M	M	M			
N	N	N			
O	O	O			
P	P	P			
Q	Q	Q			
R	R	R			
S	S	S			
T	T	T			
U	U	U			
V	V	V			
W	W	W			
X	X	X			
Y	Y	Y			
Z	Z	Z			

INPATIENT OR REFERRAL CODE

A	A	A			
B	B	B			
C	C	C			
C	E	E			
D	G	G			
H	H	H			
F	I	I			
J	J	J			
S	K	K			
L	L	L			
M	M	M			
N	N	N			
O	O	O			
P	P	P			
Q	Q	Q			
R	R	R			
S	S	S			
T	T	T			
U	U	U			
V	V	V			
W	W	W			
X	X	X			
Y	Y	Y			
Z	Z	Z			

PATIENT DATA

TODAY'S DATE	
DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

FMP
0
1
2
3
4
5
6
7
8
9

SPONSOR'S SSN									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROVIDER

#1 CARE PROVIDER
0
1
2
3
4
5
6
7
8
9

TIME SPENT WITH PATIENT
2 minutes
5 minutes
10 minutes
15 minutes
20 minutes
30 minutes
45 minutes
1 hour
1 1/2 hours
2 hours
2 1/2 hours
3 hours
3 1/2 hours
4 hours
4 1/2 hours
5 hours
5 1/2 hours
6 hours
6 1/2 hours
7 hours
7 1/2 hours
8 hours

#2 CARE PROVIDER
0
1
2
3
4
5
6
7
8
9

REASON - #2 PROVIDER
<input type="radio"/> Co-therapist
<input type="radio"/> Teaching/Supervision
<input type="radio"/> Consultation
<input type="radio"/> Procedure/Treatment
Other ① ② ③

JOB REL ILL/INJ (not LOD det)
Yes

SPECIAL PROGRAMS

- ☐ FAP
☐ ADAPCP
☐ PRP
☐ Adoption
Other 1 2 3

MILITARY ONLY

- ☐ DUTY
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

- 1
2
3
4
5
6
7
8
9

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays

DO NOT MARK IN THIS AREA

21140

MARK THE PRIMARY AXIS I IN FIRST COLUMN USE SECOND COLUMN FOR ADDITIONAL AXIS I		EVALUATIONS	SERVICES / PROCEDURES	ADDITIONAL PROCEDURES	
AXIS I				PROVIDER 2	PROVIDER 2
				Yes	Yes
MENTAL RETARDATION					
31700 MILD	32784 AMNESTIC DISORDER	30801 ROUTINE EVALUATION	7101 ADULT ANTISOCIAL BEHAVIOR		
31800 MODERATE	32795 DELUSIONAL DISORDER	30841 INDIVIDUAL THERAPY	7102 CHILD/ADOLESCENT ANTISOCIAL BEHAVIOR		
1= W/OTHER BEHAV SYMPTOMS	32796 HALLUCINOSIS	30849 GROUP THERAPY	6230 ACADEMIC PROBLEM		
ANXIETY	32797 AFFECTIVE DISORDER	30880 HYPNOTHERAPY	6220 OCCUPATIONAL PROBLEM		
31401 W/HYPERACTIVITY	32798 PERSONALITY DISORDER	30847 FAMILY THERAPY	6282 UNCOMPLICATED BEREAVEMENT		
31400 W/O HYPERACTIVITY		30848 MARITAL/COUPLE THERAPY	6151 NONCOMPLIANCE W/MED TRT		
DEPRESSIVE	3060X ALCOHOL ABUSE	30802 ADMIN EVALUATION	6289 PHASE LIFE/CIRCUMST PROB		
31200 UNDERSOCIALIZED, AGGRESSIVE	3060X ALCOHOL DEPENDENCE	02105 COLLATERAL CONTACT	6110 MARITAL PROBLEM		
31210 UNDERSOCIALIZED, NONAGGRESSIVE	3064X BARB/SIM ACT SED/HYPN ABUSE	30880 EFMP ASSESSMENT	6120 PARENT-CHILD PROBLEM		
31223 SOCIALIZED, AGGRESSIVE	3041X BARB/SIM ACT SED/HYPN DEP	30889 OTHER	6180 OTHER SPECIFIC FAMILY CIRCUMS		
31221 SOCIALIZED, NONAGGRESSIVE	3065X OPIOID ABUSE		6281 OTHER INTERPERSONAL PROB		
DEPRESSIVE	3040X OPIOID DEPENDENCE		30090 UNSP MENT DIS, NONPSYCHOT		
30821 SEPARATION ANXIETY DISORDER	3068X COCAINE ABUSE	30022 AGORAPHOB W/D PANIC ATTACK	7109 NO DX/COND ON AXIS I		
31321 AVOID DIS OF CHILD/ADOL	3067X AMPHET SIM ACT SYMPATH ABUSE	30023 SOCIAL PHOBIA	7990 DX/COND DEFER ON AXIS I		
31300 OVERANXIOUS DISORDER	3044X AMPHET SIM ACT SYMPATH DEP	30028 SIMPLE PHOBIA			
31323 ELECTIVE MUTISM	3284X PCP/SIM ACT ARYLCLYL ABUSE	30001 PANIC DISORDER			
31381 OPPOSITIONAL DISORDER	3063X HALLUCINOGEN ABUSE	30002 GENERALIZED ANXIETY DISORDER			
31382 IDENTITY DISORDER	3062X CANNABIS ABUSE	30030 OBSSIVE COMPULSIVE DISORDER			
DEPRESSIVE	3043X CANNABIS DEPENDENCE	30830 ACUTE PTS DISORDER			
30710 ANOREXIA NERVOSA	3068X OTHER MIX/UNSPEC SUBS ABUSE	30881 CHRONIC/DELAYED PTS DISORDER			
30751 BULIMIA	3046X OTHER SPECIFIED SUBS DEPEND	30000 ATYPICAL ANXIETY DISORDER			
DEPRESSIVE	3049X UNSPECIFIED SUBS DEPEND				
30721 TRANSIENT TIC DISORDER	3047X DEF/COMB OPIOID NON-ALCO SUBS	30081 SOMATIZATION DISORDER			
30722 CHRONIC MOTOR TIC DISORDER	3048X DEP/COMB SUBS EXCL OPIOID ALC	30011 CONVERSION DISORDER			
DEPRESSIVE	1= CONTINUOUS 2= EPISODIC	30780 PSYCHOGENIC PAIN DISORDER			
30700 STUTTERING	3= IN REMISSION	30070 HYPOCHONDRIASIS			
30760 FUNCTIONAL EMURESIS		DEPRESSIVE DISORDERS			
30770 FUNCTIONAL ENCPRESIS	29300 DELIRIUM	30012 PSYCHOGENIC AMNESIA			
30746 SLEEPWALKING DISORDER	29410 DEMENTIA	30013 PSYCHOGENIC FUGUE			
30749 SLEEP TERROR DISORDER	29400 AMNESTIC SYNDROME	30014 MULTIPLE PERSONALITY			
PERVASIVE DEVELOPMENTAL	29381 ORGANIC DELUSIONAL SYNDROME	30060 DEPERSONALIZATION DISORDER			
2990X INFANTILE AUTISM	29382 ORGANIC HALLUCINOSIS	DEPRESSIVE DISORDERS			
2999X CHILD ONSET PERVAS DEV DISORDER	29383 ORGANIC AFFECTIVE SYNDROME	3025X TRANSEXUALISM			
1= RESIDUAL STATE	31010 ORGANIC PERSONALITY SYNDROME	1= ASEXUAL 2= HOMOSEXUAL			
PRIMARY DEPRESSIVE DISORDERS	29480 ATYPICAL OR MIXED OBS	3= HETEROSEXUAL			
29030 SENILE ONSET, W/DELIRIUM		30260 GENDER IDENTITY DIS CHILD			
29020 SENILE ONSET, W/DELUSIONS	2951X DISORGANIZED	PARAPHILIAS			
29021 SENILE ONSET, W/DEPRESSION	2952X CATATONIC	30281 FETISHISM			
29000 UNCOMPLICATED	2953X PARANOID	30230 TRANSVESTISM			
2901X PRESENILE ONSET	2959X UNDIFFERENTIATED	30210 ZOOPHILIA			
2904X MULTI-INFARCT DEMENTIA	2956X RESIDUAL	30220 PEDOPHILIA			
1= W/DELIRIUM 2= W/DELUSIONS	1= SUBCHRONIC	30240 EXHIBITIONISM			
3= W/DEPRESSION	2= CHRONIC	30282 VOYEURISM			
SUBSTANCE-INDUCED	3= SUBCHRONIC W/ACUTE EXACERBATION	30283 SEXUAL MASOCHISM			
29140 ALC IDIOSYNCRATIC INTOX	4= CHRONIC W/ACUTE EXACERBATION	30284 SEXUAL SADISM			
29120 ALC WITHDRAWAL	5= IN REMISSION	3029 OTHER PSYCHOSEX DISORDERS			
29100 ALC WITHDRAWAL DELIRIUM	PARANOID DISORDERS	PSYCHOSEXUAL DYSFUNCTIONS			
29130 ALC HALLUCINOSIS	29710 PARANOID	30271 INHIB SEXUAL DESIRE			
29110 ALC AMNESTIC DISORDER	29730 SHARED PARANOID DISORDER	30272 INHIB SEXUAL EXCITEMENT			
2912X DEMENTIA ASSOC W/ALCOHOL	29830 ACUTE PARANOID DISORDER	30273 INHIB FEMALE ORGASM			
1= MILD 2= MOD 3= SEVERE	PSYCH DIS NOT ELSEWHERE CLASS	30274 INHIB MALE ORGASM			
32700 BAR/SIM ACT SED/HYP INTOX	29540 SCHIZOPHRENIFORM DISORDER	30275 PREMATURE EJACULATION			
32701 BAR/SIM ACT SED/HYP WITHDRAW	29880 BRIEF REACTIVE PSYCHOSIS	30276 FUNCTIONAL DYSpareunia			
32702 BAR/SIM ACT SED/HYP W/O DELIR	29570 SCHIZOAFFECTIVE DISORDER	30651 FUNCTIONAL VAGINISMUS			
32704 BAR/SIM ACT SED/HYP AMNSTC DIS	29890 PSYCHOSIS, ATYPICAL	30200 EGO-DYSTON HOMOSEXUALITY			
32710 OPIOID INTOXICATION	MAJOR AFFECTIVE DISORDERS	FACTITIOUS DISORDERS			
32711 OPIOID WITHDRAWAL	2986X BIPOLAR DISORDER, MIXED	30016 FACTITIOUS DIS W/PSYCH SYMP			
32720 COCAINE INTOXICATION	2964X BIPOLAR DISORDER, MANIC	30151 CHRON FACT DIS W/PHYS SYMP			
AMPHET/SIMILAR ACTIONS	2985X BIPOLAR DISORDER, DEPRESSED	DISORDERS OF IMPULSE CONTROL			
32730 INTOXICATION	MANIC EPISODE	31231 PATHOLOGICAL GAMBLING			
32732 DELIRIUM	6= IN REMISSION	31232 KLEPTOMANIA			
32735 DELUSIONAL DISORDER	4= W/PSYCH FEATURES	31233 PYROMANIA			
32731 WITHDRAWAL	7= W/PSYCH FEAT, MOOD INCONS	31234 INTERMITTENT EXPLOSIVE DIS			
PCP/SIMILAR ACT/ARYLCYCLOHEXYL	2= W/D PSYCH FEATURES	31235 ISOLATED EXPLOSIVE DIS			
32740 INTOXICATION	3= W/MELANCHOLIA	31239 ATYPICAL IMP CONTROL DIS			
32742 DELIRIUM	2= W/D MELANCHOLIA	ADJUSTMENT DISORDER			
32749 MIXED ORGANIC MENTAL DISORDER	2982X MAJOR DEPRESS, SINGLE EPISODE	30900 W/DEPRESSED MOOD			
32756 HALLUCINOGEN HALLUCINOSIS	2983X MAJOR DEPRESS, RECURRENT	30924 W/ANXIOUS MOOD			
32755 HALLUCINOGEN DELUSIONAL DIS	MAJOR DEPRESSIVE EPISODE	30928 W/MIXED EMOT FEATURES			
32757 HALLUCINOGEN AFFECTIVE DIS	6= IN REMISSION	30930 W/DIST OF CONDUCT			
32760 CANNABIS INTOXICATION	4= W/PSYCH FEATURES	30840 W/MIXED DIST EMOT & COND			
32765 CANNABIS DELUSIONAL DISORDER	7= W/PSYCH FEAT, MOOD INCONS	30923 W/WORK/ACADEMIC INHIBIT			
OTHER ON UNSPECIFIED SUBSTANCE	3= W/D MELANCHOLIA	30983 W/WITHDRAWAL			
32790 INTOXICATION	30113 CYCLOTHYMIC DISORDER	30990 W/ATYPICAL FEATURES			
32791 WITHDRAWAL	30040 DYSTHYMIC DISORDER	31800 PSYCH FACT AFFECT PHYS COND			
32792 DELIRIUM	29802 ATYPICAL DEPRESSION	EXCLUSIONS NOT ATTRIB TO MENT DIS			
32793 DEMENTIA	EXCLUSIONS NOT ATTRIB TO MENT DIS	30820 BORDERLINE INTEL FUNCTION			
	30021 AGORAPHOB W/PANIC ATTACKS				

PSYCHOLOGY PATIENT (BFBA)

OTHER UCA	
<input type="radio"/> BFDA	<input type="radio"/> BFCA
<input type="radio"/> BFAA	

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
Other 1 2 3

VISIT COUNT

- 0
1
2
3
4
5
6
7
8
9

UCA CODE (if not above)

B	A	A	A
E	B	B	B
D	C	C	C
D	D	D	D
F	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
S	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

INPATIENT OR REFERRAL CODE

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN											
DAY	MONTH													
0 0	0 0	0 0	0	0	0	0	0	0	0	0	0	0	0	0
1 1	1 1	1 1	1	1	1	1	1	1	1	1	1	1	1	1
2 2	2 2	2 2	2	2	2	2	2	2	2	2	2	2	2	2
3 3	3 3	3 3	3	3	3	3	3	3	3	3	3	3	3	3
4 4	4 4	4 4	4	4	4	4	4	4	4	4	4	4	4	4
5 5	5 5	5 5	5	5	5	5	5	5	5	5	5	5	5	5
6 6	6 6	6 6	6	6	6	6	6	6	6	6	6	6	6	6
7 7	7 7	7 7	7	7	7	7	7	7	7	7	7	7	7	7
8 8	8 8	8 8	8	8	8	8	8	8	8	8	8	8	8	8
9 9	9 9	9 9	9	9	9	9	9	9	9	9	9	9	9	9

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
0 0 0 0	2 minutes	0 0 0 0
A N 1 1 1 1	5 minutes	A N 1 1 1 1
B O 2 2 2 2	10 minutes	B O 2 2 2 2
C P 3 3 3 3	15 minutes	C P 3 3 3 3
D Q 4 4 4 4	20 minutes	D Q 4 4 4 4
E R 5 5 5 5	30 minutes	E R 5 5 5 5
F S 6 6 6 6	45 minutes	F S 6 6 6 6
G T 7 7 7 7	1 hour	G T 7 7 7 7
H U 8 8 8 8	1 1/2 hours	H U 8 8 8 8
I V 9 9 9 9	2 hours	I V 9 9 9 9
J W	2 1/2 hours	J W
K X	3 hours	K X
L Y	3 1/2 hours	L Y
M Z	4 hours	M Z
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON - #2 PROVIDER

- ☐ Co-therapist
☐ Teaching/Supervision
☐ Consultation
☐ Procedure/Treatment
Other 1 2 3

JOB REL. ILL./INJ.

(not LOD det)
Yes

SPECIAL PROGRAMS

- ☐ FAP
☐ ADAPCP
☐ PRP
☐ Adoption
Other 1 2 3

MILITARY ONLY

- ☐ DUTY
QUARTERS:
☐ 24 hours
☐ 48 hours
☐ 72 hours
PROFILE:
☐ 1-3 days
☐ 4-7 days
☐ 8-14 days
☐ > 14 days
☐ LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

- 1
2
3
4
5
6
7
8
9

NOT AVAILABLE

- ☐ Medical record
☐ Lab results
☐ X-Rays

DO NOT MARK IN THIS AREA

13589

EVALUATIONS		SERVICES		PROCEDURES (MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES	
PROVIDER #1 #2		PROVIDER #1 #2		PROVIDER #1 #2		PROVIDER 2	PROVIDER 2
<input type="checkbox"/> 02500 ADVICE/HEALTH INSTRUCTION	<input type="checkbox"/> 02514 TESTING, INTERPRETATION	<input type="checkbox"/> 02525 DIFFERENTIAL DIAGNOSIS	<input type="checkbox"/> 02526 DISABILITY DETERMINATION	<input type="checkbox"/> 02527 DISABILITY REHAB EVAL	<input type="checkbox"/> 02528 EDUCATIONAL EVALUATION	<input type="checkbox"/> 02529 FAMILY/MARITAL	<input type="checkbox"/> 02530 FORENSIC EVALUATION
<input type="checkbox"/> 02502 BEHAVIORAL ASSESSMENT	<input type="checkbox"/> 02515 THERAPY, INDIVIDUAL	<input type="checkbox"/> 02531 FUNCTIONAL SYMPTOMS	<input type="checkbox"/> 02532 HISTORY	<input type="checkbox"/> 02533 MSE	<input type="checkbox"/> 02534 PRE/POST SURGICAL	<input type="checkbox"/> 02536 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02537 TRIAGE
<input type="checkbox"/> 02506 BIOFEEDBACK	<input type="checkbox"/> 02516 THERAPY, COUPLE/FAMILY	<input type="checkbox"/> 02538 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02539 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02540 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02541 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02542 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02543 TREATMENT RECOMMEND/OUTCOME
<input type="checkbox"/> 02106 COLLATERAL CONTACT	<input type="checkbox"/> 02517 THERAPY, GROUP	<input type="checkbox"/> 02544 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02545 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02546 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02547 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02548 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02549 TREATMENT RECOMMEND/OUTCOME
<input type="checkbox"/> 02506 CRISIS INTERVENTION	<input type="checkbox"/> 02518 TREATMENT PLANNING	<input type="checkbox"/> 02550 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02551 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02552 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02553 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02554 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02555 TREATMENT RECOMMEND/OUTCOME
<input type="checkbox"/> 02506 DIAGNOSTIC FORMULATION	<input type="checkbox"/> 02519 ARMA	<input type="checkbox"/> 02556 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02557 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02558 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02559 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02560 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02561 TREATMENT RECOMMEND/OUTCOME
<input type="checkbox"/> 02507 EVALUATION RPT WRITING	<input type="checkbox"/> 02520 BEHAVIORAL MEDICINE	<input type="checkbox"/> 02562 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02563 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02564 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02565 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02566 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02567 TREATMENT RECOMMEND/OUTCOME
<input type="checkbox"/> 02508 HEALTH PROMOTION	<input type="checkbox"/> 02521 CLEARANCE, ADMIN	<input type="checkbox"/> 02568 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02569 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02570 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02571 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02572 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02573 TREATMENT RECOMMEND/OUTCOME
<input type="checkbox"/> 02509 INTERVIEW	<input type="checkbox"/> 02522 CLEARANCE, ENTRY	<input type="checkbox"/> 02574 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02575 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02576 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02577 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02578 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02579 TREATMENT RECOMMEND/OUTCOME
<input type="checkbox"/> 02510 MEDICAL COORDINATION	<input type="checkbox"/> 02523 CLEARANCE, PRP	<input type="checkbox"/> 02580 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02581 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02582 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02583 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02584 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02585 TREATMENT RECOMMEND/OUTCOME
<input type="checkbox"/> 02511 PATIENT CONSULTATION	<input type="checkbox"/> 02524 CLEARANCE, SECURITY	<input type="checkbox"/> 02586 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02587 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02588 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02589 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02590 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02591 TREATMENT RECOMMEND/OUTCOME
<input type="checkbox"/> 02512 TESTING, ADMINISTER		<input type="checkbox"/> 02592 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02593 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02594 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02595 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02596 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02597 TREATMENT RECOMMEND/OUTCOME
<input type="checkbox"/> 02513 TESTING, SCORING		<input type="checkbox"/> 02598 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02599 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02600 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02601 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02602 TREATMENT RECOMMEND/OUTCOME	<input type="checkbox"/> 02603 TREATMENT RECOMMEND/OUTCOME
MARK THE PRIMARY AXIS IN FIRST COLUMN. USE SECOND COLUMN FOR ADDITIONAL AXIS I'S.							
AXIS I							
<input type="checkbox"/> 31700 MILD W/O OTHER BEHAV SYMP	<input type="checkbox"/> 3060X ALCOHOL ABUSE	<input type="checkbox"/> 30023 SOCIAL PHOBIA	<input type="checkbox"/> 30028 SIMPLE PHOBIA	<input type="checkbox"/> 30001 PANIC DISORDER	<input type="checkbox"/> 30002 GENERALIZED ANXIETY DIS	<input type="checkbox"/> 30030 OBSSIVE COMPULSIVE DIS	<input type="checkbox"/> 30830 PTSD, ACUTE
<input type="checkbox"/> 31701 MILD WITH OTHER BEHAV SYMP	<input type="checkbox"/> 3068X ALCOHOL DEPENDENCE	<input type="checkbox"/> 30081 PTSD, CHRONIC OR DELAYED	<input type="checkbox"/> 30088 ATYPICAL ANXIETY DIS	<input type="checkbox"/> 30081 SOMATIZATION DISORDER	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30012 PSYCHOGENIC AMNESIA	<input type="checkbox"/> 30014 MULTIPLE PERSONALITY
<input type="checkbox"/> 31800 MODERATE W/O OTHER BEHAV SYMP	<input type="checkbox"/> 3041X BARB SIM ACT SED HYP ABUSE	<input type="checkbox"/> 30081 SOMATIZATION DISORDER	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31801 MODERATE W/OTHER BEHAV SYMP	<input type="checkbox"/> 3041X BARB SIM ACT SED HYP DEP	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31810 SEVERE W/O OTHER BEHAV SYMP	<input type="checkbox"/> 3085X OPIOID ABUSE	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31811 SEVERE WITH OTHER BEHAV SYMP	<input type="checkbox"/> 3040X OPIOID DEPENDENCE	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31401 W/HYPERACT	<input type="checkbox"/> 3068X COCAINE ABUSE	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31400 W/O HYPERACT	<input type="checkbox"/> 3057X AMPHET SIM ACT SYMPATH ABUSE	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31480 RESIDUAL TYPE	<input type="checkbox"/> 3044X AMPHET SIM ACT SYMPATH DEP	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31200 UNDERSOCIAL, AGGRESSIVE	<input type="checkbox"/> 3284X PCP SIM ACT ARYL CYCL ABUSE	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31210 UNDERSOCIAL, NONAGGRESSIVE	<input type="checkbox"/> 3053X HALLUCINOGEN ABUSE	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31223 SOCIALIZED, AGGRESSIVE	<input type="checkbox"/> 3052X CANNABIS ABUSE	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31221 SOCIALIZED, NONAGGRESSIVE	<input type="checkbox"/> 3043X CANNABIS DEPENDENCE	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31290 ATYPICAL	<input type="checkbox"/> 3058X OTHER, MIXED/UNSPEC SUB ABUSE	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 30921 SEPARATION ANXIETY DIS	<input type="checkbox"/> 3049X UNSPEC SUBSTANCE DEPEND	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31321 AVOID DIS CHILD ADOL	<input type="checkbox"/> 3047X DEP COMB OPIOID & NON-ALC SUB	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31300 OVERANXIOUS DISORDER	<input type="checkbox"/> 3048X DEP COMB SUB EXC OPIOID & ALC	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31322 SCHIZOID DIS CHILD/ADOL	<input type="checkbox"/> 1- CONTINUOUS 2- EPISODIC	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31323 ELECTIVE MUTISM	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31381 OPPOSITIONAL DISORDER	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 31382 IDENTITY DISORDER	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 30710 ANOREXIA NERVOSA	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 30751 BULIMIA	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 30750 ATYPICAL EATING DISORDER	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 30700 STUTTERING	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 30760 FUNCTIONAL ENURESIS	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 30746 SLEEPWALKING DISORDER	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 30749 SLEEP TERROR DISORDER	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29030 SENILE ONSET W/DELIRIUM	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29020 SENILE ONSET W/DELUSIONS	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29021 SENILE ONSET W/DEPRESSION	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29000 SENILE ONSET UNCOMPLICATED	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 2901X PRESENILE ONSET	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 2904X MULTI-INFARCT DEMENTIA	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 1- W/DELIRIUM 2- W/DELUSIONS	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 3- W/DEPRESSION	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 30300 ALC INTOXICATION	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29140 ALC IDIOSYNCRATIC INTOXICATION	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29180 ALC WITHDRAWAL	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29100 ALC WITHDRAWAL DELIRIUM	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29130 ALC HALLUCINOSIS	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29110 ALC AMNESIC DISORDER	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29120 DEMENTIA, ALCOHOLIC, UNSPEC	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29121 DEMENTIA, ALCOHOLIC, MILD	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29122 DEMENTIA, ALCOHOLIC, MODERATE	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29123 DEMENTIA, ALCOHOLIC, SEVERE	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29300 DELIRIUM	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29410 DEMENTIA	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS
<input type="checkbox"/> 29400 AMNESIC SYNDROME	<input type="checkbox"/> 3- IN REMISSION	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYPICAL SOMATOFORM DIS	<input type="checkbox"/> 30071 ATYP		

REPEAT PROCEDURE FORM

FOR CLINICAL USE ONLY

PATIENT INFORMATION

PATIENT NAME	DATE OF BIRTH	SEX	RACE	ETHNICITY	RELIGION	LANGUAGE	PREVIOUS SURGERY	ALLERGIES	DIAGNOSIS	PROCEDURE	TIME SPENT	CLINIC CODE	INPATIENT OR REFERRAL CODE

DATE OF BIRTH	SEX	RACE	ETHNICITY	RELIGION	LANGUAGE	PREVIOUS SURGERY	ALLERGIES	DIAGNOSIS	PROCEDURE	TIME SPENT	CLINIC CODE	INPATIENT OR REFERRAL CODE

PROCEDURE

PROCEDURE	TIME SPENT	CLINIC CODE	INPATIENT OR REFERRAL CODE

TIME SPENT

- ☐ 5 minutes
- ☐ 10 minutes
- ☐ 15 minutes
- ☐ 20 minutes
- ☐ 30 minutes
- ☐ 45 minutes
- ☐ 1 hour
- ☐ 1 1/2 hours
- ☐ 2 hours
- ☐ 2 1/2 hours
- ☐ 3 hours
- ☐ 3 1/2 hours
- ☐ 4 hours
- ☐ 4 1/2 hours
- ☐ 5 hours
- ☐ 5 1/2 hours
- ☐ 6 hours
- ☐ 6 1/2 hours
- ☐ 7 hours
- ☐ 7 1/2 hours
- ☐ 8 hours

CLINIC CODE	INPATIENT OR REFERRAL CODE

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

VISIT COUNT

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

TODAY'S DATE	
DAY	MONTH
	<input type="radio"/> Jan
	<input type="radio"/> Feb
0	<input type="radio"/> Mar
1	<input type="radio"/> Apr
2	<input type="radio"/> May
3	<input type="radio"/> Jun
4	<input type="radio"/> Jul
5	<input type="radio"/> Aug
6	<input type="radio"/> Sep
7	<input type="radio"/> Oct
8	<input type="radio"/> Nov
9	<input type="radio"/> Dec
CARE PROVIDER	

TODAY'S DATE	
DAY	MONTH
	<input type="radio"/> Jan
	<input type="radio"/> Feb
0	<input type="radio"/> Mar
1	<input type="radio"/> Apr
2	<input type="radio"/> May
3	<input type="radio"/> Jun
4	<input type="radio"/> Jul
5	<input type="radio"/> Aug
6	<input type="radio"/> Sep
7	<input type="radio"/> Oct
8	<input type="radio"/> Nov
9	<input type="radio"/> Dec
CARE PROVIDER	

TODAY'S DATE	
DAY	MONTH
	<input type="radio"/> Jan
	<input type="radio"/> Feb
0	<input type="radio"/> Mar
1	<input type="radio"/> Apr
2	<input type="radio"/> May
3	<input type="radio"/> Jun
4	<input type="radio"/> Jul
5	<input type="radio"/> Aug
6	<input type="radio"/> Sep
7	<input type="radio"/> Oct
8	<input type="radio"/> Nov
9	<input type="radio"/> Dec
CARE PROVIDER	

TODAY'S DATE	
DAY	MONTH
	<input type="radio"/> Jan
	<input type="radio"/> Feb
0	<input type="radio"/> Mar
1	<input type="radio"/> Apr
2	<input type="radio"/> May
3	<input type="radio"/> Jun
4	<input type="radio"/> Jul
5	<input type="radio"/> Aug
6	<input type="radio"/> Sep
7	<input type="radio"/> Oct
8	<input type="radio"/> Nov
9	<input type="radio"/> Dec
CARE PROVIDER	

TODAY'S DATE	
DAY	MONTH
	<input type="radio"/> Jan
	<input type="radio"/> Feb
0	<input type="radio"/> Mar
1	<input type="radio"/> Apr
2	<input type="radio"/> May
3	<input type="radio"/> Jun
4	<input type="radio"/> Jul
5	<input type="radio"/> Aug
6	<input type="radio"/> Sep
7	<input type="radio"/> Oct
8	<input type="radio"/> Nov
9	<input type="radio"/> Dec
CARE PROVIDER	

DO NOT MARK IN THIS AREA

68860

RHEUMATOLOGY PATIENT (BAOA)

OTHER UCA
<input type="radio"/> BAAA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE	
DAY	MONTH
<input type="radio"/> 1	<input type="radio"/> Jan
<input type="radio"/> 2	<input type="radio"/> Feb
<input type="radio"/> 3	<input type="radio"/> Mar
<input type="radio"/> 4	<input type="radio"/> Apr
<input type="radio"/> 5	<input type="radio"/> May
<input type="radio"/> 6	<input type="radio"/> Jun
<input type="radio"/> 7	<input type="radio"/> Jul
<input type="radio"/> 8	<input type="radio"/> Aug
<input type="radio"/> 9	<input type="radio"/> Sep
<input type="radio"/> 0	<input type="radio"/> Oct
<input type="radio"/> 1	<input type="radio"/> Nov
<input type="radio"/> 2	<input type="radio"/> Dec

FMP
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 0

SPONSOR'S SSN									
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0

IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
Other <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

VISIT COUNT
<input type="radio"/> 0
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

UCA CODE (if not above)
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 0
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 0
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 0

INPATIENT OR REFERRAL CODE
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 0
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 0
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 0

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="radio"/> 1	<input type="radio"/> 1	2 minutes	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	5 minutes	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	10 minutes	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	15 minutes	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	20 minutes	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	30 minutes	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	45 minutes	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	1 hour	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	1 1/2 hours	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	2 hours	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	2 1/2 hours	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	3 hours	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	3 1/2 hours	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	4 hours	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	4 1/2 hours	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	5 hours	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	5 1/2 hours	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	6 hours	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	6 1/2 hours	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	7 hours	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	7 1/2 hours	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	8 hours	<input type="radio"/> 2	<input type="radio"/> 2

REASON FOR #2 CARE PROVIDER
<input type="radio"/> Teaching/Supervision
<input type="radio"/> Consultation
<input type="radio"/> Procedure/Treatment
Other <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

JOB REL ILL/INJ (not LOD det)
<input type="radio"/> Yes

MILITARY ONLY
<input type="radio"/> DUTY
QUARTERS:
<input type="radio"/> 24 hours
<input type="radio"/> 48 hours
<input type="radio"/> 72 hours
PROFILE:
<input type="radio"/> 1-3 days
<input type="radio"/> 4-7 days
<input type="radio"/> 8-14 days
<input type="radio"/> > 14 days
<input type="radio"/> LIMITED DUTY

SPECIFIC PREASSIGN CLINIC CODES
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

NOT AVAILABLE
<input type="radio"/> Medical record
<input type="radio"/> Lab results
<input type="radio"/> X-Rays

DO NOT MARK IN THIS AREA

5043

ADDITIONAL PROCEDURES

ADDITIONAL PROCEDURES									
PROVIDER 2					PROVIDER 2				
Yes <input type="radio"/>					Yes <input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

1° is Follow-up
1° is Rule/out

UNLISTED REASON FOR VISIT (if not listed in columns above)											
PRIMARY						SECONDARY					
V	0	0	0	0	0	V	0	0	0	0	0
	1	1	1	1	1		1	1	1	1	1
\$	2	2	2	2	2	\$	2	2	2	2	2
	3	3	3	3	3		3	3	3	3	3
	4	4	4	4	4		4	4	4	4	4
	5	5	5	5	5		5	5	5	5	5
	6	6	6	6	6		6	6	6	6	6
	7	7	7	7	7		7	7	7	7	7
	8	8	8	8	8		8	8	8	8	8
	9	9	9	9	9		9	9	9	9	9

[illegible]

MARKING INSTRUCTIONS



- DO NOT USE INK OR BALLPOINT PEN.
- COMPLETELY FILL OVALS WITH DARK MARKS.
- ERASE CLEANLY AND MAKE NO STRAY MARKS.
- DO NOT FOLD THIS FORM.

PATIENT INFORMATION																
FMP			SPONSOR'S SSN													
						-				-						
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

PROCEDURES	
059420	ANTEPARTUM CARE, ROUTINE
033788	BP CHECK
090857	CONSULT W/2nd PROV (PT NOT SEEN)
090091	INPROCESSING MED SCREEN
090095	OUTPROCESSING MED SCREEN
090092	POR SCREEN
090037	PRESCRIPTION/REFILL
090098	PROFILE ISSUE/UPDATE
090094	SECURITY CLEARANCE SCREEN
090700	SHOT RECORD REVIEW
865811	TB TEST, TIME (ADMIN)
865821	TB TEST, TIME (READ)
090601	TELEPHONE CONSULT DOCUMENTED
870800	THROAT CULTURE
364155	VENIPUNCTURE
090697	WEIGHT CONTROL CHECK
SPECIFIC PREASSIGNED CLINIC CODES	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	

TIME SPENT		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

[illegible]

PROCEDURES	
<input type="radio"/>	59420 ANTEPARTUM CARE, ROUTINE
<input type="radio"/>	83786 BP CHECK
<input type="radio"/>	90857 CONSULT W/2nd PROV (PT NOT SEEN)
<input type="radio"/>	98091 INPROCESSING MED SCREEN
<input type="radio"/>	99095 OUTPROCESSING MED SCREEN
<input type="radio"/>	99092 POR SCREEN
<input type="radio"/>	90037 PRESCRIPTION/REFILL
<input type="radio"/>	99096 PROFILE ISSUE/UPDATE
<input type="radio"/>	99094 SECURITY CLEARANCE SCREEN
<input type="radio"/>	90700 SHOT RECORD REVIEW
<input type="radio"/>	86581 TB TEST, TIME (ADMIN)
<input type="radio"/>	86582 TB TEST, TIME (READ)
<input type="radio"/>	90601 TELEPHONE CONSULT DOCUMENTED
<input type="radio"/>	87080 THROAT CULTURE
<input type="radio"/>	30415 VENIPUNCTURE
<input type="radio"/>	99097 WEIGHT CONTROL CHECK
SPECIFIC PREASSIGNED CLINIC CODES	
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	

TIME SPENT.		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

[illegible]

DO NOT MARK IN THIS AREA

119596

PATIENT INFORMATION									
FMP		SPONSOR'S SSN							
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROCEDURES	
<input type="checkbox"/>	59420 ANTEPARTUM CARE, ROUTINE
<input type="checkbox"/>	93788 BP CHECK
<input type="checkbox"/>	90657 CONSULT W/2nd PROV (PT NOT SEEN)
<input type="checkbox"/>	99091 INPROCESSING MED SCREEN
<input type="checkbox"/>	99095 OUTPROCESSING MED SCREEN
<input type="checkbox"/>	99092 POR SCREEN
<input type="checkbox"/>	90037 PRESCRIPTION/REFILL
<input type="checkbox"/>	99098 PROFILE ISSUE/UPDATE
<input type="checkbox"/>	99094 SECURITY CLEARANCE SCREEN
<input type="checkbox"/>	90700 SHOT RECORD REVIEW
<input type="checkbox"/>	86581 TB TEST, TIME (ADMIN)
<input type="checkbox"/>	86582 TB TEST, TIME (READ)
<input type="checkbox"/>	90601 TELEPHONE CONSULT DOCUMENTED
<input type="checkbox"/>	87060 THROAT CULTURE
<input type="checkbox"/>	36415 VENIPUNCTURE
<input type="checkbox"/>	99097 WEIGHT CONTROL CHECK
SPECIFIC PREASSIGNED CLINIC CODES	
1 2 3 4 5 6 7 8 9	

TIME SPENT		
<input type="checkbox"/> 2 min.	<input type="checkbox"/> 15 min.	<input type="checkbox"/> 40 min.
<input type="checkbox"/> 5 min.	<input type="checkbox"/> 20 min.	<input type="checkbox"/> 50 min.
<input type="checkbox"/> 10 min.	<input type="checkbox"/> 30 min.	<input type="checkbox"/> 1 hr.

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

PATIENT INFORMATION									
FMP		SPONSOR'S SSN							
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROCEDURES	
<input type="checkbox"/>	59420 ANTEPARTUM CARE, ROUTINE
<input type="checkbox"/>	93788 BP CHECK
<input type="checkbox"/>	90657 CONSULT W/2nd PROV (PT NOT SEEN)
<input type="checkbox"/>	99091 INPROCESSING MED SCREEN
<input type="checkbox"/>	99095 OUTPROCESSING MED SCREEN
<input type="checkbox"/>	99092 POR SCREEN
<input type="checkbox"/>	90037 PRESCRIPTION/REFILL
<input type="checkbox"/>	99098 PROFILE ISSUE/UPDATE
<input type="checkbox"/>	99094 SECURITY CLEARANCE SCREEN
<input type="checkbox"/>	90700 SHOT RECORD REVIEW
<input type="checkbox"/>	86581 TB TEST, TIME (ADMIN)
<input type="checkbox"/>	86582 TB TEST, TIME (READ)
<input type="checkbox"/>	90601 TELEPHONE CONSULT DOCUMENTED
<input type="checkbox"/>	87060 THROAT CULTURE
<input type="checkbox"/>	36415 VENIPUNCTURE
<input type="checkbox"/>	99097 WEIGHT CONTROL CHECK
SPECIFIC PREASSIGNED CLINIC CODES	
1 2 3 4 5 6 7 8 9	

TIME SPENT		
<input type="checkbox"/> 2 min.	<input type="checkbox"/> 15 min.	<input type="checkbox"/> 40 min.
<input type="checkbox"/> 5 min.	<input type="checkbox"/> 20 min.	<input type="checkbox"/> 50 min.
<input type="checkbox"/> 10 min.	<input type="checkbox"/> 30 min.	<input type="checkbox"/> 1 hr.

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

PATIENT INFORMATION									
FMP		SPONSOR'S SSN							
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROCEDURES	
<input type="checkbox"/>	59420 ANTEPARTUM CARE, ROUTINE
<input type="checkbox"/>	93788 BP CHECK
<input type="checkbox"/>	90657 CONSULT W/2nd PROV (PT NOT SEEN)
<input type="checkbox"/>	99091 INPROCESSING MED SCREEN
<input type="checkbox"/>	99095 OUTPROCESSING MED SCREEN
<input type="checkbox"/>	99092 POR SCREEN
<input type="checkbox"/>	90037 PRESCRIPTION/REFILL
<input type="checkbox"/>	99098 PROFILE ISSUE/UPDATE
<input type="checkbox"/>	99094 SECURITY CLEARANCE SCREEN
<input type="checkbox"/>	90700 SHOT RECORD REVIEW
<input type="checkbox"/>	86581 TB TEST, TIME (ADMIN)
<input type="checkbox"/>	86582 TB TEST, TIME (READ)
<input type="checkbox"/>	90601 TELEPHONE CONSULT DOCUMENTED
<input type="checkbox"/>	87060 THROAT CULTURE
<input type="checkbox"/>	36415 VENIPUNCTURE
<input type="checkbox"/>	99097 WEIGHT CONTROL CHECK
SPECIFIC PREASSIGNED CLINIC CODES	
1 2 3 4 5 6 7 8 9	

TIME SPENT		
<input type="checkbox"/> 2 min.	<input type="checkbox"/> 15 min.	<input type="checkbox"/> 40 min.
<input type="checkbox"/> 5 min.	<input type="checkbox"/> 20 min.	<input type="checkbox"/> 50 min.
<input type="checkbox"/> 10 min.	<input type="checkbox"/> 30 min.	<input type="checkbox"/> 1 hr.

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

MAKE NO MARKS
IN THIS AREA

SOCIAL WORK CLIENT (BFEA)

OTHER UCA	
<input type="checkbox"/> BFOA	<input type="checkbox"/> BFEF

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
Other (1, 2, 3)

VISIT COUNT
0
2
3
4
5
6
7
8
9

UCA CODE (if not above)		
B	A	A
D	C	C
F	E	E
G	G	G
H	H	H
S	I	I
K	K	K
L	L	L
M	M	M
N	N	N
O	O	O
P	P	P
Q	Q	Q
R	R	R
S	S	S
T	T	T
U	U	U
V	V	V
W	W	W
X	X	X
Y	Y	Y
Z	Z	Z

INPATIENT OR REFERRAL CODE		
A	A	A
B	B	B
C	C	C
D	D	D
E	E	E
F	F	F
G	G	G
H	H	H
I	I	I
J	J	J
K	K	K
L	L	L
M	M	M
N	N	N
O	O	O
P	P	P
Q	Q	Q
R	R	R
S	S	S
T	T	T
U	U	U
V	V	V
W	W	W
X	X	X
Y	Y	Y
Z	Z	Z

PATIENT DATA																				
TODAY'S DATE		FMP	SPONSOR'S SSN																	
DAY	MONTH																			
0	0	Jan																		
1	1	Feb																		
2	2	Mar																		
3	3	Apr																		
4	4	May																		
5	5	Jun																		
6	6	Jul																		
7	7	Aug																		
8	8	Sep																		
9	9	Oct																		
		Nov																		
		Dec																		

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
A N 0 0 0 0	2 minutes	A N 0 0 0 0
B O 2 2 2 2	5 minutes	B O 2 2 2 2
C P 3 3 3 3	10 minutes	C P 3 3 3 3
D Q 4 4 4 4	15 minutes	D Q 4 4 4 4
E R 5 5 5 5	20 minutes	E R 5 5 5 5
F S 6 6 6 6	30 minutes	F S 6 6 6 6
G T 7 7 7 7	45 minutes	G T 7 7 7 7
H U 8 8 8 8	1 hour	H U 8 8 8 8
I V 9 9 9 9	1 1/2 hours	I V 9 9 9 9
J W	2 hours	J W
K X	2 1/2 hours	K X
L Y	3 hours	L Y
M Z	3 1/2 hours	M Z
	4 hours	
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

JOB REL. ILL./INJ.
(not LOD det)
Yes

SPECIAL PROGRAMS
FAP
ADAPCP
PRP
Adoption
Other (1, 2, 3)

MILITARY ONLY
DUTY QUARTERS:
<input type="radio"/> 24 hours
<input type="radio"/> 48 hours
<input type="radio"/> 72 hours
PROFILE:
<input type="radio"/> 1-3 days
<input type="radio"/> 4-7 days
<input type="radio"/> 8-14 days
<input type="radio"/> > 14 days
<input type="radio"/> LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
1
2
3
4
5
6
7
8
9

NOT AVAILABLE
Medical record
Lab results
X-Rays

21235

SOCIAL WORK SHORT FORM

TODAY'S DATE	
DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CARE PROVIDER				
A	N	0	0	0
B	O	1	1	1
C	P	2	2	2
D	Q	3	3	3
E	R	4	4	4
F	S	5	5	5
G	T	6	6	6
H	U	7	7	7
I	V	8	8	8
J	W	9	9	9
K	X			
L	Y			
M	Z			



- DO NOT USE INK OR BALLPOINT PEN.
- COMPLETELY FILL OVALS WITH DARK MARKS.
- ERASE CLEANLY AND MAKE NO STRAY MARKS.
- DO NOT FOLD THIS FORM.

PATIENT IDENTIFICATION									
PATIENT FMP		SPONSOR'S SSN							
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

INPATIENT OR REFERRAL CODE			
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

PROBLEM
<input type="radio"/> Financial Assistance
<input type="radio"/> Information
<input type="radio"/> Housing
<input type="radio"/> Transportation
<input type="radio"/> Admin/Personnel Action
<input type="radio"/> Other Problem

PROCEDURES
<input type="radio"/> D/C Screen
<input type="radio"/> FA Intake
<input type="radio"/> SW Intake
<input type="radio"/> HTLV Screen
<input type="radio"/> Telephone Consult (Documented)

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

TIME SPENT	
<input type="radio"/> 5 minutes	<input type="radio"/> 30 minutes
<input type="radio"/> 10 minutes	<input type="radio"/> 40 minutes
<input type="radio"/> 15 minutes	<input type="radio"/> 50 minutes
<input type="radio"/> 20 minutes	<input type="radio"/> 1 hour

Specific preassigned clinic codes								
1	2	3	4	5	6	7	8	9

PATIENT IDENTIFICATION									
PATIENT FMP		SPONSOR'S SSN							
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

INPATIENT OR REFERRAL CODE			
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

PROBLEM
<input type="radio"/> Financial Assistance
<input type="radio"/> Information
<input type="radio"/> Housing
<input type="radio"/> Transportation
<input type="radio"/> Admin/Personnel Action
<input type="radio"/> Other Problem

PROCEDURES
<input type="radio"/> D/C Screen
<input type="radio"/> FA Intake
<input type="radio"/> SW Intake
<input type="radio"/> HTLV Screen
<input type="radio"/> Telephone Consult (Documented)

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

TIME SPENT	
<input type="radio"/> 5 minutes	<input type="radio"/> 30 minutes
<input type="radio"/> 10 minutes	<input type="radio"/> 40 minutes
<input type="radio"/> 15 minutes	<input type="radio"/> 50 minutes
<input type="radio"/> 20 minutes	<input type="radio"/> 1 hour

Specific preassigned clinic codes								
1	2	3	4	5	6	7	8	9

DO NOT MARK IN THIS AREA

21019

UROLOGY PATIENT (BBIA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill circle completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE	
DAY	MONTH
<input type="radio"/>	<input type="radio"/> Jan
<input type="radio"/>	<input type="radio"/> Feb
<input type="radio"/>	<input type="radio"/> Mar
<input type="radio"/>	<input type="radio"/> Apr
<input type="radio"/>	<input type="radio"/> May
<input type="radio"/>	<input type="radio"/> Jun
<input type="radio"/>	<input type="radio"/> Jul
<input type="radio"/>	<input type="radio"/> Aug
<input type="radio"/>	<input type="radio"/> Sep
<input type="radio"/>	<input type="radio"/> Oct
<input type="radio"/>	<input type="radio"/> Nov
<input type="radio"/>	<input type="radio"/> Dec

FMP	
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

SPONSOR'S SSN									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF NOT SCHEDULED

APPOINTMENT STATUS

- ☐ Unscheduled
☐ Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- ☐ Ward
☐ Telephone
☐ Home
☐ Other ☐ ☐ ☐

VISIT COUNT

- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

UCA CODE (if not above)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)						ADDITIONAL PROCEDURES	
PROVIDER 1		PROVIDER 2		PROVIDER 3		PROVIDER 4	
#1	#2	#1	#2	#1	#2	Yes	Yes
RADIOGRAPHY				OTHER			
<input type="checkbox"/> 74427 ANTEGRADE URETHROGRAM	<input type="checkbox"/> 90789 ADMIN OF HCG-TESTOSTERONE	<input type="checkbox"/> 87205 SPECIAL LAB SERVICES	<input type="checkbox"/> 0 0 0 0 0	<input type="checkbox"/> 0 0 0 0 0			
<input type="checkbox"/> 74428 ANTEGRADE NEPHROSTOGRAM	<input type="checkbox"/> 80788 INJECTION, NOS	<input type="checkbox"/> 87205 GRAM STAIN & INTERPRETATION	<input type="checkbox"/> 1 1 1 1 1	<input type="checkbox"/> 1 1 1 1 1			
<input type="checkbox"/> 74400 ROUTINE	<input type="checkbox"/> 55700 BIOPSY PROSTATE (NEEDLE)	<input type="checkbox"/> 89321 PROSTATIC SECRETIONS, EXPRESSED	<input type="checkbox"/> 2 2 2 2 2	<input type="checkbox"/> 2 2 2 2 2			
<input type="checkbox"/> 74415 WITH TOMOGRAPHY	<input type="checkbox"/> 54500 BIOPSY TESTIS (OPEN)	<input type="checkbox"/> 89320 SEMEN ANALYSIS, COMPLETE	<input type="checkbox"/> 3 3 3 3 3	<input type="checkbox"/> 3 3 3 3 3			
<input type="checkbox"/> 74482 KUB	<input type="checkbox"/> 51010 CYSTOTOMY, SUPRAPUBIC TUBE	<input type="checkbox"/> 82355 STONE ANALYSIS	<input type="checkbox"/> 4 4 4 4 4	<input type="checkbox"/> 4 4 4 4 4			
<input type="checkbox"/> 74426 LOOP-A-GRAM	<input type="checkbox"/> 54162 CLAMP, NOT NEWBORN	<input type="checkbox"/> 81000 URINALYSIS (DIP & SPIN)	<input type="checkbox"/> 5 5 5 5 5	<input type="checkbox"/> 5 5 5 5 5			
<input type="checkbox"/> 74452 PERICATHETER URETHROGRAM	<input type="checkbox"/> 54181 NON-CLAMP, NOT NEWBORN	<input type="checkbox"/> 90002 SUTURE REMOVAL	<input type="checkbox"/> 6 6 6 6 6	<input type="checkbox"/> 6 6 6 6 6			
<input type="checkbox"/> 74451 RETROGRADE CYSTOGRAM	<input type="checkbox"/> 51725 LIMITED	<input type="checkbox"/> 53880 URETHRAL DILATATION	<input type="checkbox"/> 7 7 7 7 7	<input type="checkbox"/> 7 7 7 7 7			
<input type="checkbox"/> 74453 RETROGRADE URETHROGRAM	<input type="checkbox"/> 51785 W/EMG STUDIES	<input type="checkbox"/> 53820 FEMALE	<input type="checkbox"/> 8 8 8 8 8	<input type="checkbox"/> 8 8 8 8 8			
<input type="checkbox"/> 76905 ULTRASOUND, PELVIS	<input type="checkbox"/> 51798 W/VOIDING STUDY	<input type="checkbox"/> 53870 URETHRAL CATHETER PLACEMENT	<input type="checkbox"/> 9 9 9 9 9	<input type="checkbox"/> 9 9 9 9 9			
<input type="checkbox"/> 74441 VASOGRAM	<input type="checkbox"/> 51721 DMSO BLADDER INSTALLATIONS	<input type="checkbox"/> 53874 URETHRAL CATHETER CHANGE					
<input type="checkbox"/> 74458 VOIDING CYSTOURETHROGRAM	<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 53450 URETHRAL MEATOPLASTY					
	<input type="checkbox"/> 11425 EXCISION OF SEBACEOUS CYST	<input type="checkbox"/> 87088 URINE CULTURE, COLONY COUNT AND IDENTIFICATION					
	<input type="checkbox"/> 51738 FLOW RATES	<input type="checkbox"/> 55250 VASECTOMY					
ENDOSCOPIC	<input type="checkbox"/> 54055 FULGURATION OF CONDYLOMA	<input type="checkbox"/> 90805 CONSULTATION					
<input type="checkbox"/> 51794 CYSTOSCOPY	<input type="checkbox"/> 10080 I&D ABSCESS						
CYSTOURETHROSCOPY	<input type="checkbox"/> 51720 INTRAVESICAL CHEMOTHERAPY						
<input type="checkbox"/> 52000 ROUTINE	<input type="checkbox"/> 99159 PATIENT EDUCATION/COUNSELING						
<input type="checkbox"/> 52007 W/BIOPSY	<input type="checkbox"/> 90032 PELVIC EXAM-FEMALE						
<input type="checkbox"/> 52281 W/DILATION OF STENOSIS	<input type="checkbox"/> 55898 PROSTATIC MASSAGE						
<input type="checkbox"/> 52310 W/REMOVAL OF FOREIGN BODY							
<input type="checkbox"/> 74478 W/RETROGRADE PYELOGRAM							
<input type="checkbox"/> 52234 W/SMALL BLADDER TUMOR RESECTION & FULGURATION							
<input type="checkbox"/> 52320 W/URETERAL CALCULUS REMOVAL							
W/URETERAL CATHETERIZATION							
<input type="checkbox"/> 52004 UNILATERAL							
<input type="checkbox"/> 52003 BILATERAL							

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)					
1° is Follow-up 2° is Rule/out		1° 2°		1° 2°	
KIDNEY		BLADDER		MISCELLANEOUS	
<input type="checkbox"/> 5902 ABSCESS OF KIDNEY (PERIRENAL)	<input type="checkbox"/> 75381 ATRESIA, CONGENITAL	<input type="checkbox"/> 7539 ANOMALIES, OTHER URINARY	<input type="checkbox"/> 8258 FEMALE	<input type="checkbox"/> 78832 MALE	<input type="checkbox"/> 6082 TORSION OF TESTES
<input type="checkbox"/> 75391 ANOMALIES, NOS	<input type="checkbox"/> 2233 BENIGN NEOPLASM	<input type="checkbox"/> 7245 BACKACHE, UNSPEC	<input type="checkbox"/> 61810 VAGINITIS/VULVITIS	<input type="checkbox"/> 4564 VARICOCELE	<input type="checkbox"/> V2504 VASECTOMY CONSULTATION
<input type="checkbox"/> 2234 BENIGN NEOPLASM	<input type="checkbox"/> 5950 ACUTE	<input type="checkbox"/> 8071 BALANITIS	<input type="checkbox"/> 61613 VULVOVAGINITIS	<input type="checkbox"/> 75291 OTHER GENITAL ANOMALIES, MALE	<input type="checkbox"/> 7889 OTHER SYMPTOMS, GU
<input type="checkbox"/> 75311 CYSTIC KIDNEY DISEASE	<input type="checkbox"/> 5952 CHRONIC	<input type="checkbox"/> 8809 BOIL/CARBUNCLE	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS	<input type="checkbox"/> 72422 PAIN, LOW BACK W/RADIATING SYMP	
<input type="checkbox"/> 591 HYDRONEPHROSIS	<input type="checkbox"/> 5962 FISTULA	<input type="checkbox"/> 5929 CALCULUS, UNSPEC	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 1895 MALIGNANT NEOPLASM	<input type="checkbox"/> 1889 MALIGNANT NEOPLASM	<input type="checkbox"/> 7881 DYSURIA	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 1890 MALIGNANT NEOPLASM, KIDNEY EXCEPT PELVIS	<input type="checkbox"/> 34481 NEUROGENIC DYSFUNCTION	<input type="checkbox"/> 78831 ENURESIS	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
	<input type="checkbox"/> 5960 STENOSIS	<input type="checkbox"/> 7806 FEVER OF UNDETERMINED ORIGIN	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 59395 RENAL MASS	URETHRA	<input type="checkbox"/> 5991 FISTULA	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 59396 SOLITARY KIDNEY	<input type="checkbox"/> 0980 ACUTE GONOCOCCAL INFECTION	<input type="checkbox"/> 7884 FREQUENCY OF URINATION	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
PYELONEPHRITIS	<input type="checkbox"/> 75362 ATRESIA	<input type="checkbox"/> 5997 HEMATURIA	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 5901 ACUTE	<input type="checkbox"/> 22381 BENIGN NEOPLASM	<input type="checkbox"/> 603 HYDROCELE	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 5900 CHRONIC	<input type="checkbox"/> 5993 CARUNCLE OF URETHRA	<input type="checkbox"/> 7526 HYPOSPADIAS/EPISPADIAS	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 7530 RENAL AGENESIS/DYSGENESIS	<input type="checkbox"/> 1893 MALIGNANT NEOPLASM	<input type="checkbox"/> 60784 ORGANIC	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 5920 STONE, KIDNEY	<input type="checkbox"/> 5989 STRICTURE OF URETHRA	<input type="checkbox"/> 30278 PSYCOGENIC	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
URETER	<input type="checkbox"/> 07816 URETHRAL CONDYLOMATA	<input type="checkbox"/> 550 INGUINAL HERNIA	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 2232 BENIGN NEOPLASM	<input type="checkbox"/> 59781 URETHRAL SYNDROME	<input type="checkbox"/> 222 MALE GENITALIA, BENIGN NEOPLASM	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 7532 DEFECTS OF URETER-OBSTRUCTIVE	<input type="checkbox"/> 59780 URETHRITIS	<input type="checkbox"/> 186 MALIGNANT NEOPLASM, TESTES	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 1892 MALIGNANT NEOPLASM	<input type="checkbox"/> 59780 URETHROCELE/CYSTOCELE	<input type="checkbox"/> 1899 MALIGNANT NEOPLASM, URINARY, NOS	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 5921 STONE, URETERAL	<input type="checkbox"/> 6180 FEMALE	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 78801 URETERAL COLIC	<input type="checkbox"/> 59951 MALE	<input type="checkbox"/> 72422 PAIN, LOW BACK W/RADIATING SYMP	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
<input type="checkbox"/> 5934 OTHER OBSTRUCTION OF URETER	PROSTATE	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
	<input type="checkbox"/> 600 BPH	<input type="checkbox"/> 60781 PEYRONIE'S	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
	<input type="checkbox"/> 185 MALIGNANT NEOPLASM	<input type="checkbox"/> 8073 PRIAPISM	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
	<input type="checkbox"/> 6010 PROSTATITIS, ACUTE	<input type="checkbox"/> 5990 PYURIA/BACTERIURIA	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
	<input type="checkbox"/> 6011 PROSTATITIS, CHRONIC	<input type="checkbox"/> 605 REDUNDANT PREPUCE & PHIMOS	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
		<input type="checkbox"/> 7880 RENAL COLIC	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
		<input type="checkbox"/> 586 RENAL FAILURE	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
		<input type="checkbox"/> 7882 RETENTION OF URINE	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
		<input type="checkbox"/> 8080 SEMINAL VESICULITIS	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
		<input type="checkbox"/> 9999 SEXUALLY TRANS DISEASE, UNSPEC	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
		<input type="checkbox"/> V818 SPECIAL SCREEN, UNSPEC GU COND	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
		<input type="checkbox"/> 8081 SPERMATOCELE	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		
		<input type="checkbox"/> 806 STERILITY, MALE	<input type="checkbox"/> 604 ORCHITIS AND EPIDIDYMITIS		

RELIABILITY STUDY SCORING INSTRUMENT

APPENDIX G

APPENDIX G

BAMC ACDB RELIABILITY STUDY

DATA COLLECTION FORM

CIRCLE CORRECT RESPONSE

(1) SITE	(2-4) CASE	(5-8) UCA CODE	(9) PATIENT ID	(10) VISIT DATE	(11) UCA	(12) PROV ID	(13) DX
1	---	---	Y	Y	Y	Y	Y
			2	1	2	2	4
			0	0	0	0	0

(14) ADD DX	(15) # OF PROC
-	-

SCORE CODES FOR ABOVE:

PRESENT/CORRECT = 1, 2, OR 4

UNAVAIL/INCORRECT = 0

NOTES:

NAME: _____

DATE: _____

ANALYSIS OF RELIABILITY PILOT STUDY DATA

APPENDIX H

APPENDIX H

Reliability of Pilot Study data Brooke Army Medical Center

Clinic	<u>n</u> ^a	Mean	Standard Deviation	Range of Scores
Dermatology	45	10.97	0.14	10-11
Emergency Room	43	10.58	0.93	7-11
Gynecology	29	10.86	0.74	7-11
Internal Medicine	77	10.45	1.61	5-11
Ophthalmology	35	10.77	0.59	9-11
Orthopedics	33	10.27	1.37	7-11
Pediatrics	75	10.54	1.21	7-11
Troop Medical Clinic	10	10.80	0.63	9-11
TOTALS	347	10.61	1.14	5-11

^aNumbers of verified encounters in each clinic.

ANALYSIS OF RELIABILITY STUDY DATA FOR ALL SITES

APPENDIX I

APPENDIX I
Reliability Of ACDB Data
All Study Sites
(N=9,015)

Clinic	n ^a	Mean	Standard Deviation	Range of Scores
Acute Minor Illness	195	10.72	0.98	7-11
Adolescent Medicine	113	10.86	0.77	5-11
Allergy	151	10.72	0.95	7-11
Antepartum	36	10.33	1.17	7-11
Audiology	208	10.51	1.21	5-11
Cardio-Thoracic Surgery	6	11.00	0.00	0
Cardiology	61	10.45	1.23	5-11
Cast	22	6.81	0.85	3-7
Chemotherapy	30	6.44	1.56	5-11
Child Guidance	140	10.92	0.67	4-11
Community Health Nurse	123	10.93	0.33	9-11
Dermatology	219	10.83	0.71	7-11
EKG	79	8.87	1.90	5-11
ENT	174	9.75	1.88	5-11
Emergency Room	302	10.44	1.25	5-11
Endocrinology	71	10.09	1.64	5-11
Exceptional Family Member	81	9.87	2.97	2-11
Family Advocacy	327	10.94	0.36	7-11
Family Practice	267	10.29	1.59	4-11

APPENDIX I (Continued)
Reliability of ACDB Data

Clinic	n_a	Mean	Standard Deviation	Range of Scores
Flight Medicine	76	10.73	1.05	5-11
Gastroenterology	36	10.36	1.57	5-11
General Surgery	199	10.32	1.53	5-11
Gynecology	264	10.62	1.11	7-11
Hematology	36	10.77	0.79	7-11
Infectious Disease	93	10.58	1.05	6-11
Inh/Respiratory Therapy	11	7.72	2.24	5-11
Internal Medicine	262	10.55	1.33	5-11
Medical Exam	4	11.00	0.00	0
Mental Health	187	10.86	0.70	7-11
Midwifery	58	10.87	0.42	9-11
Nephrology	54	10.55	1.17	5-11
Neurology	211	10.60	1.14	5-11
Neuromusculoskeletal	68	10.76	0.99	5-11
Neurosurgery	41	10.78	0.72	7-11
Nutrition Care	230	10.67	1.11	5-11
Obstetrics	145	10.76	0.84	5-11
Occupational Health	186	10.86	0.80	5-11
Occupational Therapy	127	10.73	0.97	6-11
Oncology	94	10.39	1.32	5-11
Ophthalmology	217	10.53	1.32	7-11
Optometry	278	10.54	1.23	5-11

APPENDIX I (Continued)
Reliability of ACDB Data

Clinic	n^a	Mean	Standard Deviation	Range of Scores
Orthopedic Appliance	6	7.00	0.00	0
Orthopedics	170	10.50	1.24	5-11
Pain Clinic	68	10.54	1.02	5-11
Pediatrics	310	10.60	1.24	4-11
Physical Exam	55	10.89	0.41	9-11
Physical Medicine	63	10.80	0.85	7-11
Physical Therapy	264	10.62	1.09	5-11
Plastic Surgery	54	10.09	1.32	7-11
Podiatry	181	9.86	1.81	5-11
Preventive Medicine	62	10.74	0.67	9-11
Psychiatry	363	10.68	1.31	4-11
Psychology	512	10.63	1.38	1-11
Pulmonary	72	10.80	0.95	5-11
Rheumatology	65	10.75	0.72	7-11
Social Work	394	10.84	0.75	4-11
Speech Pathology	175	10.45	1.27	4-11
Troop Medical Clinic (Main)	179	10.53	1.32	5-11
Troop Medical Clinic	48	10.83	0.80	7-11
Troop Medical Clinic	40	11.00	0.00	0
Troop Medical Clinic	86	10.55	1.41	5-11
Troop Medical Clinic	31	10.61	1.20	7-11
Urology	126	10.38	1.41	4-11

APPENDIX I (Continued)
Reliability of ACDB Data

Well Baby	209	10.88	0.58	7-11
TOTALS	9,015	10.56	1.27	1-11

^aNumber of verified encounters in each clinic.

HEALTH CARE PROVIDER SURVEY INSTRUMENT

APPENDIX J



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY HEALTH SERVICES COMMAND
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF:

HSHN-P

10 August 1987

MEMORANDUM FOR: Ambulatory Care Data Base Health Care Providers

SUBJECT: Health Care Provider Survey

1. The data collection phase of the Ambulatory Care Data Base (ACDB) project is ending. After all remaining "bubble forms" are scanned, the central data base will contain almost 3 million encounter records representing ambulatory medical practice in more than 50 different specialties from the 6 medical treatment facilities which served as test sites. These data and the analysis being planned are extremely important to the future of the Army Medical Department (AMEDD). Your efforts in completing the mark sense encounter forms are greatly appreciated by both The Surgeon General and me.
2. The study is now in the evaluation phase, an important part of which is assessing provider experience and satisfaction with the bubble forms. To assist the investigators at the U.S. Army Health Care Studies and Clinical Investigation Activity (HCSCIA) with this evaluation, please take a few minutes to answer the attached questions and return the questionnaire to your local point of contact. The questionnaire will take you less than 10 minutes to complete.
3. Your participation and that of your fellow health care providers is crucial to the completion of the ACDB study. Future efforts in designing data capture methods and in developing and utilizing appropriate "menus" of diagnoses and procedures to encompass the range of practice in each specialty and for each provider type will be based, in part, on your response.
4. Thank you very much for your thoughtful participation and assistance.

TRACY E. STREVEY, JR.
Major General, MC
Commanding

AMBULATORY CARE DATA BASE PROVIDER SURVEY

DO NOT USE
THIS SPACE

SECTION I

(Please circle the appropriate response.)

ID _____
(1-6)

A. How long have you been in the Army and working in a Medical Treatment Facility (MTF) or employed by Civil Service at a MTF? _____ (7)

1. Less than 2 years
2. 2 to 6 years
3. 7 to 10 years
4. Over 10 years

B. What is your present rank/pay grade? _____ (8)

1. E-1 to E-5
2. E-6 to E-9
3. Officer Warrant
4. Officer O-1 to O-3
5. Officer O-4 to O-6
6. Civilian GS 1 to GS 7
7. Civilian GS 8 to GS 16
8. Personal Service Contract Civilian

C. In which specialty area do you work most of the time? _____ (9,10)

- | | | |
|-----------------------|--------------------------|-----------------------|
| 01. Adolescent | 18. General Surgery | 36. Pain Control |
| 02. Allergy | 19. Gynecology | 37. Pediatrics |
| 03. Audiology | 20. Immunizations | 38. Physical Medicine |
| 04. Cardiology | 21. Infectious Disease | 39. Physical Therapy |
| 05. Cardiothorac Surg | 22. Inhalation/Resp Ther | 40. Plastic Surgery |
| 06. Cast | 23. Internal Medicine | 41. Podiatry |
| 07. Comm Health Nurse | 24. Nephrology/Dialysis | 42. Preventive Med |
| 08. Brace/Ortho Appl | 25. Neurology | 43. Primary Care |
| 09. Dermatology | 26. Neurosurgery | (AMIC/ACC/Med Exam) |
| 10. EFMP | 27. Nutrition | 44. Psychiatry |
| 11. EKG | 28. Obstetrics | 45. Psychology |
| 12. Emergency Room | 29. Occupational Health | 46. Pulmonary |
| 13. Endocrine | 30. Occupational Therapy | 47. Rheumatology |
| 14. ENT | 31. Oncology/Hematology | 48. Social Work |
| 15. Family Practice | 32. Ophthalmology | 49. Speech Pathology |
| 16. Flight Medicine | 33. Optometry | 50. Troop Med Clinic |
| 17. Gastroenterology | 34. Orthopedics | 51. Urology |
| | 35. Otorhinolaryngology | 52. Other |

SECTION II

Section II pertains to BUBBLE FORMS used before 1 May 1987 which will be referred to as OLD BUBBLE FORMS. If you filled out the OLD BUBBLE FORMS, please answer the questions in this section, otherwise skip to Section III.

- A. Indicate ALL the portions of the OLD BUBBLE FORM you NORMALLY completed (you may choose more than one). _____(11)
1. PATIENT SECTION - Date, Sponsor's Soc Sec No & Family Member Prefix _____(12)
2. ADMINISTRATION SECTION - UCA Data, Place of Visit, Appt Status, Status of Visit _____(13)
3. PROVIDER SECTION - Provider ID, Time Spent with Patient _____(14)
4. EVALUATIONS/SERVICES/PROCEDURES _____(15)
5. DIAGNOSIS/REASON FOR VISIT _____(15)
- B. Approximately how many OLD BUBBLE FORMS did you fill out on an average clinic day? _____(16)
1. Less than 5 a day
2. 6-10 a day
3. 11-20 a day
4. More than 20 a day
5. Not sure
- C. For the portions of the OLD BUBBLE FORM that you NORMALLY completed, how much time on the average did you spend on each form? _____(17)
1. Less than 20 seconds
2. 21-40 seconds
3. 41-60 seconds
4. Over 60 seconds
- D. How often did you fill out an OLD BUBBLE FORM on your patients? _____(18)
1. Almost always
2. Usually
3. About half the time
4. Seldom
5. Almost never
6. Not sure

- E. How accurate is the information that you marked on the OLD BUBBLE FORM? _____ (19)
1. Almost always accurate
 2. Usually accurate
 3. Accurate about half the time
 4. Seldom accurate
 5. Almost never accurate
- F. In your opinion how accurate is the information that OTHER PROVIDERS in your CLINIC marked on the OLD BUBBLE FORM? _____ (20)
1. Almost always accurate
 2. Usually accurate
 3. Accurate about half the time
 4. Seldom accurate
 5. Almost never accurate
 6. Not Sure
- G. Approximately what percentage of the time were you able to find (on the OLD BUBBLE FORM) the EVALUATIONS/SERVICES/PROCEDURES that you perform in the outpatient setting? _____ (21)
1. Around 90 percent
 2. Around 75 percent
 3. Around 50 percent
 4. Around 25 percent
 5. Less than 25 percent
- H. How satisfied are you with the arrangement of the EVALUATIONS/SERVICES/PROCEDURES on the OLD BUBBLE FORM? _____ (22)
1. Very satisfied
 2. Satisfied
 3. Not Sure
 4. Somewhat dissatisfied
 5. Dissatisfied
- I. Approximately what percentage of the time were you able to find the PRIMARY REASON FOR VISIT and SECONDARIES (DIAGNOSES) on the OLD BUBBLE FORM? _____ (23)
1. Around 90 percent
 2. Around 75 percent
 3. Around 50 percent
 4. Around 25 percent
 5. Less than 25 percent
- J. How satisfied were you with the arrangement of the PRIMARY REASON FOR VISIT AND SECONDARIES on the OLD BUBBLE FORM? _____ (24)
1. Very satisfied
 2. Satisfied
 3. Not Sure
 4. Somewhat dissatisfied
 5. Dissatisfied

SECTION III

SECTION III pertains to the BUBBLE FORMS used after 1 May 1987 which will be referred to as the NEW BUBBLE FORMS. Please complete this section if you used the NEW BUBBLE FORMS.

- A. Mark all the portions of the NEW BUBBLE FORM you normally completed (you may choose more than one section). _____(25)
1. ADMINISTRATIVE SECTION - Date, Sponsor's Soc Sec No and Family Member Prefix, & optional fills for UCA, Appt status, etc. _____(26)
2. PROVIDER SECTION - Provider ID, Time Spent with Patient & optional fill for Job Rel Ill/Inj, Military Disposition, etc. _____(27)
3. EVALUATIONS/SERVICES/PROCEDURES _____(28)
4. DIAGNOSIS/REASON FOR VISIT _____(28)
- B. Approximately how many NEW BUBBLE FORMS did you fill out on an average clinic day? _____(29)
1. Less than 5 a day
2. 6-10 a day
3. 11-20 a day
4. More than 20 a day
5. Not sure
- C. For the portions of the NEW BUBBLE FORM that you NORMALLY completed, how much time on the average did you spend on each form? _____(30)
1. Less than 20 seconds
2. 21 to 40 seconds
3. 41 to 60 seconds
4. Over 60 seconds
- D. How often did you fill out a NEW BUBBLE FORM on your patients? _____(31)
1. Almost always
2. Usually
3. About half the time
4. Seldom
5. Almost never
6. Not sure
- E. How accurate is the information that you marked on the NEW BUBBLE FORM? _____(32)
1. Almost always accurate
2. Usually accurate
3. Accurate about half the time
4. Seldom accurate
5. Almost never accurate

F. In your opinion how accurate is the information that OTHER PROVIDERS in your CLINIC marked on the NEW BUBBLE FORM? _____ (33)

1. Almost always accurate
2. Usually accurate
3. Accurate about half the time
4. Seldom accurate
5. Almost never accurate
6. Not Sure

G. What was the effect filling out the NEW BUBBLE FORM had on your workload? (Choose more than one, if applicable.) _____ (34)

1. No effect
2. Patients waited longer for care
3. I saw fewer patients
4. I worked longer hours

H. Approximately what percentage of the time were you able to find (on the NEW BUBBLE FORM) the EVALUATIONS/SERVICES/PROCEDURES that you perform in the outpatient setting? _____ (35)

1. Around 90 percent
2. Around 75 percent
3. Around 50 percent
4. Around 25 percent
5. Less than 25 percent

I. How satisfied are you with the arrangement of the EVALUATIONS/SERVICES/PROCEDURES on the NEW BUBBLE FORM? _____ (36)

1. Very satisfied
2. Satisfied
3. Not Sure
4. Somewhat dissatisfied
5. Dissatisfied

J. Approximately what percentage of the time were you able to find the PRIMARY REASON FOR VISIT and SECONDARIES (DIAGNOSES) on the NEW BUBBLE FORM? _____ (37)

1. Around 90 percent
2. Around 75 percent
3. Around 50 percent
4. Around 25 percent
5. Less than 25 percent

K. How satisfied are you with the arrangement of the PRIMARY REASON FOR VISIT AND SECONDARIES on the NEW BUBBLE FORM? _____ (38)

1. Very satisfied
2. Satisfied
3. Not Sure
4. Somewhat dissatisfied
5. Dissatisfied

SECTION IV

Users of BOTH the OLD and NEW BUBBLE FORMS should complete this section.

- A. In your PROFESSIONAL OPINION how would you rate the EVALUATIONS/SERVICES/PROCEDURES section of the NEW BUBBLE FORM compared to the same section of the OLD BUBBLE FORM? _____(39)

1. Did not use old form
2. Greatly improved
3. Moderately improved
4. Improved
5. About the same
6. Not as good

- B. In your PROFESSIONAL OPINION how would you rate the PRIMARY REASON FOR VISIT AND SECONDARIES (DIAGNOSIS) section of the NEW BUBBLE FORM compared to the PRIMARY REASON FOR VISIT AND SECONDARIES (DIAGNOSIS) section of the OLD BUBBLE FORM? _____(40)

1. Did not use old form
2. Greatly improved
3. Moderately improved
4. Improved
5. About the same
6. Not as good

- C. How long have you been filling out the BUBBLE FORMS? _____(41)

1. Less than 2 months
2. 2 to 4 months
3. 5 to 9 months
4. 9 to 12 months
5. Over 12 months

- D. Do you believe the encounter form such as the one you have been using should be adopted Army-wide? _____(42)

1. Yes
2. No
3. Don't know

- E. Thank you for completing this survey. Is there anything else you want to add? _____(43)

COMMENTS:

(CLINIC CHIEFS, Please complete back side.)

AMBULATORY CARE DATA BASE PROVIDER SURVEY

ADDITIONAL QUESTIONS FOR CLINIC CHIEFS

- A. How often do you receive reports or information from the BUBBLE Forms? _____ (44)
1. More than once a month
 2. Once a month
 3. Every other month
 4. Less than every other month
 5. Never
- B. How useful is the information (for you or your clinic) that you receive from the BUBBLE FORMS? _____ (45)
1. Very useful
 2. Useful
 3. Moderately useful
 4. Marginally useful
 5. Not useful
 6. Never receive any information
- C. If additional information on your patients could be provided to you from the BUBBLE forms, how interested would you be in receiving it? _____ (46)
1. Very interested
 2. Somewhat interested
 3. Not sure
 4. Possibly interested
 5. Not at all interested
- D. In your PROFESSIONAL OPINION do you think the clinical information collected on the BUBBLE FORM will be useful to the Army Medical Department? _____ (47)
1. Very useful
 2. Moderately useful
 3. Useful
 4. Not sure
 5. Not useful
5. Assuming that the BUBBLE FORM would be used as a "BILLING FORM" for workload documentation and justifying resources, i.e., staff, equipment, training, etc., how would YOU go about gaining COMPLIANCE among providers? _____ (48)

LIST OF PATIENT ENCOUNTERS BY CLINICAL CATEGORY

APPENDIX K

APPENDIX K

Ambulatory Care Data Base Patient Encounters By Clinical Area

UCA AND CLINICAL AREA # OF PATIENT ENCOUNTERS

1. MEDICAL:

(BAAA) Internal Medicine	105,045	
(BABA) Allergy	73,673	
(BACA) Cardiology	18,639	
(BAEA) Diabetic	411	
(BAFA) Endocrine	3,549	
(BAGA) Gastroenterology	8,681	
(BAHA) Hematology	1,529	
(BAIA) Hypertension	2,250	
(BAJA) Nephrology	7,654	
(BAKA) Neurology	22,938	
(BALA) Nutrition	31,892	
(BAMA) Oncology	5,363	
(BAMB) Chemotherapy	6,871	
(BANA) Pulmonary	5,682	
(BAOA) Rheumatology	3,703	
(BAPA) Dermatology	77,778	
(BAQA) Infectious Disease	15,600	
(BAXX) Medical	80	(391,338)

2. SURGICAL CARE:

(BBAA) General Surgery	46,543	
(BBAB) Pain	2,883	
(BBBA) Cardiovascular/Thoracic	98	
(BBBB) Peripheral Vascular	442	
(BBCA) Neurosurgery	4,296	
(BBDA) Ophthalmology	39,595	
(BBFA) ENT	26,931	
(BBGA) Plastic Surgery	2,407	
(BBHA) Proctology	204	
(BBIA) Urology	40,355	
(BBXX) Surgical	57	(163,811)

3. OB & GYN CARE:

(BCAA) Family Planning	94	
(BCBA) Gynecology	88,719	
(BCCA) Obstetrics	70,788	
(BCCB) Antepartum	1,023	
(BCCC) Midwifery	9,260	
(BCCD) Pre Labor & Delivery	269	
(BCXX) OB/GYN	248	(170,401)

APPENDIX K
Ambulatory Care Data Base Patient Encounters By Clinical Area,
 (Continued)

UCA AND CLINICAL AREA	# OF PATIENT ENCOUNTERS	
4. PEDIATRIC CARE:		
(BDAA) Pediatrics	205,082	
(BDBA) Adolescent Medicine	9,289	
(BDCA) Well Baby	28,389	
(BDZA) EFMP	16,817	
(BDXX) Pediatrics	265	(259,842)
5. ORTHOPEDIC CARE:		
(BEAA) Orthopedics	78,277	
(BEBA) Cast	12,471	
(BECA) Hand Surgery	2	
(BEDA) Neuromusculoskeletal	20,333	
(BEEA) Orthopedic Appliance	10,811	
(BEFA) Podiatry	49,033	
(BEXX) Orthopedics	45	(170,972)
6. PSYCHIATRIC/MENTAL HEALTH:		
(BFAA) Psychiatry	18,490	
(BFBA) Psychology	17,041	
(BFCA) Child Guidance	3,651	
(BFDA) Mental Health	16,873	
(BFEA) Social Work	57,218	
(BFEB) Family Advocacy	15,694	
(BFXX) General Psych	100	(129,067)
7. FAMILY PRACTICE:		
(BGYA) Family Practice	215,162	
(BGXI & BGYN) TMC Fam Practice	44,467	
(BGXX) Family Practice	8	(259,637)

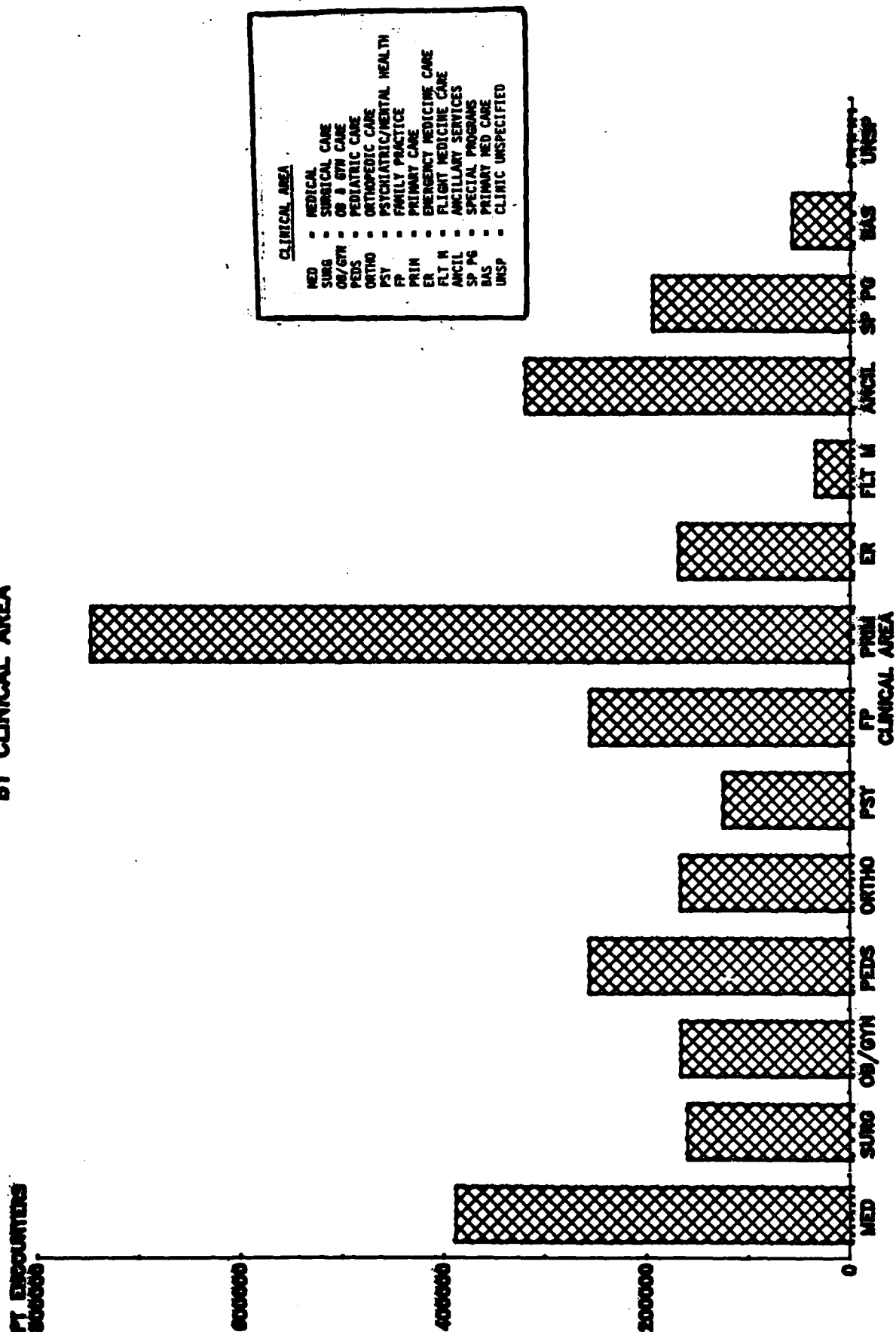
APPENDIX K
Ambulatory Care Data Base Patient Encounters By Clinical Area,
 (Continued)

UCA AND CLINICAL AREA	# OF PATIENT ENCOUNTERS	
8. PRIMARY CARE:		
(BHAA) Primary Care/AMICs	162,975	
(BHAB) Wellness	6,787	
(BHAC) Physical Exam Section	1,836	
(BHAЕ) TMC Main	179,528	
(BHAЕ-BHAM) TMCs	222,663	
(BHBA) Medical Exam	29,490	
(BHBE) Physical Exam	3,096	
(BHCA) Optometry	92,079	
(BHCH & BHCI) TMC Optometry	4,328	
(BHDA) Audiology	34,062	
(BHDI) Audiology (TMC)	22	
(BHEA) Speech Pathology	10,414	
(BHGA) OH Health Clinic	5,625	
(BHFA) Community Health Service (See FBAA)		
(BHXX) Primary Care	886	(753,791)
9. EMERGENCY MEDICINE CARE:		
(BIYA) Emergency Room	183,098	(183,098)
10. FLIGHT MEDICINE CARE:		
(BJYA) Flight Medicine	37,483	(37,483)
11. ANCILLARY SERVICES:		
(DCBA) Ther Radiology	2,070	
(DDAA & DDAB)	69,492	
(DDBA) EEG	319	
(DDDA) Pulmonary Function	2,520	
(DHAA) INH/Respiratory Therapy	2,242	
(DHBA) Occupational Therapy	49,702	
(DHCA) Physical Medicine	3,499	
(DHDA) Physical Therapy	191,940	
(DIYA) Nuclear Medicine	577	
(DDXX) EKG/EEG	16	
(DHXX) OT/PT	143	
(DHXC) Ancillary Service	1451	(323,971)

APPENDIX K
Ambulatory Care Data Base Patient Encounters By Clinical Area,
 (Continued)

UCA AND CLINICAL AREA	# OF PATIENT ENCOUNTERS	
12. SPECIAL PROGRAMS:		
(FAEA) ADAPCP	2	
(FBAA) Community Health Nurse	26,849	
(FBAJ) Flight Physical Exam	10	
(FBBA) Preventive Medicine	6,260	
(FBGA) Occupational Health	41,227	
(FBGC) OH (Jackson)	432	
(FBGQ) OH (Memphis)	6,983	
(FBIA) Immunizations	103,213	
(FBIB) Immuniz-Peds	10,236	
(FBIC) Immuniz-In/Out Proc	2,828	
(FBXX) Special Programs	243	
(FCDA) Support Other Mil Actv	323	
(FEAA) Patient Movement	9	(198,615)
13. PRIMARY MED CARE:		
Battalion Aid Stations:	61,025	(61,025)
(SBAE-SCAA) Bn Aid Stations		
14. CLINIC UNSPECIFIED		
	5,690	(5,690)
GRAND TOTAL		3,108,741

Figure K-1
ACDB PATIENT ENCOUNTERS
BY CLINICAL AREA



LIST OF TYPES OF PARTICIPATING HEALTH CARE PROVIDERS

APPENDIX L

APPENDIX L

NUMBER OF HEALTH CARE PROVIDERS BY SPECIALITY PARTICIPATING IN DATA COLLECTION PHASE OF ACDB STUDY

* Enlisted Medical Support	1,726
Physicians (37 Specialities)	944
** Civilian Ancillary Medical Support	529
Nurses	293
Physicians Assistants	119
Physical Therapists	101
Other Military Health Professionals	97
Social Workers	58
Dietitians	52
Optometrists	45
Psychologists	26
Occupational Therapists	24
Audiologists	9
Podiatrists	9

TOTAL NUMBER OF HEALTH CARE PROVIDERS	4,032
---------------------------------------	-------

* Department of Army enlisted soldiers (medical, behavioral science, physical therapy, eye specialists, etc.)

** Department of Army civilian employees (ancillary support technicians in all health areas)

CLINIC ENCOUNTER VARIABLES

APPENDIX M

APPENDIX M

Clinic Encounter Variables (44)

ORIGINAL VARIABLES:	DEFINITION:
Admin Reason (OH)	Administrative Reason for Occupational Health evaluation
Appointment Status	Indicates whether appointment was scheduled, unscheduled or an emergency
Assessment, Psychometric	Type of psychometric assessment performed by Psychology Service
Clinic or Service	UCA Code of the clinic providing the treatment
Diagnosis, Primary	Diagnosis code indicating primary reason for visit
Diagnoses, Secondary	Diagnoses codes indicating secondary reason(s) for visit
Disposition	Indicates disposition of patient
Job Rel Surveillance (OH)	Indicates reason for surveillance/assessment to Occupational Health Clinic
Job Related Illness/Injury	Indicates treatment was for a job related illness/injury
Last 12 months in Clinic	Indicates a patient has been seen in this clinic in the last 12 months
Mark Sense Form Number	A unique number associated with each separate clinical form
Morphology Codes	Morphology code used on Neurosurgery form
New Problem	Indicates a patient was being seen for a new problem
No of Lab Tests	Number of lab tests ordered this visit
No of Prescriptions	Number of prescriptions written this visit
Other Order (EEG, EKG)	Other service/equipment requested
Place of Visit	Place of visit

APPENDIX M
Clinic Encounter Variables (Continued)

ORIGINAL VARIABLES:	DEFINITION:
Procedure(s)	Procedure code indicating procedure performed
Provider 1 Time	Time 1st Provider spent with patient
Provider 2 Time	Time 2nd Provider spent with patient
Provider 2 Reason	Reason for 2nd Provider
Provider 1 Seen Before	Indicates a patient has been previously seen by 1st Provider
Provider 1 Treated Before	Indicates a patient has been previously treated for the same problem by 1st Provider
Provider 2 Seen Before	Indicates a patient has been previously seen by 2nd Provider
Provider 2 Treated Before	Indicates a patient has been previously treated for the same problem by 2nd Provider
Purpose of Visit (OH)	Indicates if new visit or return visit to Occupational Health Clinic
Referral Source	UCA-type Code of a referral source
Rule Out Primary Diagnosis	Indicates a rule out of primary diagnosis
Site Code	Army medical treatment facility location
Special Military Programs	Service provided in connection with a particular special program (EFMP, FAP) in Psychology, Psychiatry, or Social Work areas
Supplemental Disposition	Indicates referrals, disposition of active duty patients, administrative services performed, or preassigned clinic codes
X-ray Type	Type of x-ray done, e.g. CT Scan, MR Scan
Visit Reason	Primary reason for clinic visit

For additional variables added after April 1987, see following section.

APPENDIX M
Clinic Encounter Variables (Continued)

ADDITIONAL VARIABLES:
(ADDED ON 1 MAY 87)

DEFINITION:

Admitted	Patient was admitted to the hospital
Field Duty	Indicates that soldier's illness/injury occurred in the field
Injury Source	Signifies how soldier was injured
Military Duty Status	Patient status for full or limited duty
Military Quarters	Period of time a military member was placed on quarters (bedrest)
Military Profile	Period of time a military member was placed on a physical training profile
Not Available	Medical record or lab results were not available (complaint) to health care provider
Other Codes	Indicates a code that does not meet the criteria of the diagnosis or procedure master file, e.g. body part affected, certain behavioral science evaluations, morphology code
Purpose of Visit (OH)	Type of evaluation done in Occupational Health Clinic
Rule Out/Followup	Patient visit was to rule out or followup a primary diagnosis
Visit Count	Authorized visit workload count for a particular patient encounter (visit)

DEMOGRAPHIC VARIABLES

APPENDIX N

APPENDIX N

Patient Demographic Variables (14)

VARIABLE:	DEFINITION:
Basic Trainee or Visiting	Indicates whether patient was a basic trainee or on TDY of less than 60 days
Birthdate	Birthdate of patient
Dual Beneficiary SSN	SSN of civilian employee (or preemployment civilian) who was also eligible for care as a dependent/retiree
Gender	Male or female
Job Code	Patient's civilian occupational series code or military MOS/SSI
Mil/Civ Organization	Indicates building number for civilian employees and Unit Identification Code for military
Patient ID	Patient identification code consisting of sponsor's social security number and family member prefix
Pay Grade	Pay grade of patient
Private Health Insurance	Indicates if patient had private health care insurance
Race	Race of patient
Sponsor Rank/status	Rank or status of sponsor
VA Eligible	Indicates if patient was eligible for Veterans Administration health care
Visiting Foreign Official	Any valid foreign national country code indicating country in which patient was a official
Zip Code	Zip code of patient

Care Provider Demographic Variables (7)

VARIABLES:	DEFINITION:
DOD Category	Health care provider's Branch of Service
Job Code	Health Care Provider's civilian Occupational Series Code or military MOS/SSI
Patient Encounter Date	Date of patient visit/encounter
Pay Grade	Indicates health care provider's pay grade
Provider Category	Military, Civilian or Enlisted Position
Provider ID	Health care provider's identification code made up of first initial of last name and last four digits of SSN
Staff Position	Health care provider's position on staff
Staff Status	Indicates whether or not the health care provider was a permanent member of the medical treatment facility staff

PARTICIPATING PHYSICIANS BY CLINICAL SPECIALTY

APPENDIX O

APPENDIX O
PARTICIPATING PHYSICIANS BY CLINICAL SPECIALITY

CLINICAL SPECIALITY	NUMBER OF PHYSICIANS
General Medical Officers.	170
Internists.	90
Family Practitioners.	87
Pediatricians	77
General Surgeons.	58
Obstetricians and Gynecologists	51
Orthopedic Surgeons	42
Anesthesiologists	32
Dermatologists.	29
Psychiatrists	27
Flight Surgeons	25
Emergency Medicine Physicians	24
Urologists.	22
Otorhinolaryngologists.	19
Cardiologists	19
Ophthalmologists.	17
Radiologists.	17
Neurologists.	13
Pulmonary Disease Physicians.	13
Gastroenterologists	12

(Continued on next page.)

APPENDIX O (Continued)
PARTICIPATING PHYSICIANS BY CLINICAL SPECIALTY

CLINICAL SPECIALTY	NUMBER OF PHYSICIANS
Medical Oncologists	9
Nephrologists	8
Thoracic Surgeons	8
Physiatrists.	8
Preventive Medicine Physicians.	7
Allergists/Immunologists.	6
Infectious Disease Physicians	6
Operational Medicine Physicians	6
Endocrinologists.	5
Clinical Pharmacologists.	5
Neurosurgeons	4
Pathologists.	4
Nuclear Medicine Physicians	4
Rheumatologists	3
Hematologists	2
Peripheral Vascular Surgeons.	2
Plastic Surgeons.	2
Unknown Specialty	11
TOTAL	944

ENCOUNTERS BY PROVIDER CATEGORY

APPENDIX P

APPENDIX P
ENCOUNTERS BY PROVIDER CATEGORY

Health Care Provider Category	Number of Patient Encounters	Percentage of Total Encounters
Physicians	1,012,345	32.56%
* Enlisted Medical Support	611,786	19.67%
** Civilian Ancillary Medical Support	366,475	11.78%
Allied Science Professionals	297,198	9.56%
Nurses	214,500	6.89%
Physician Assistants	174,072	5.59%
Category Not Specified	432,365	13.90%
<hr/>		
PATIENT ENCOUNTER TOTAL	3,108,741	
<hr/>		

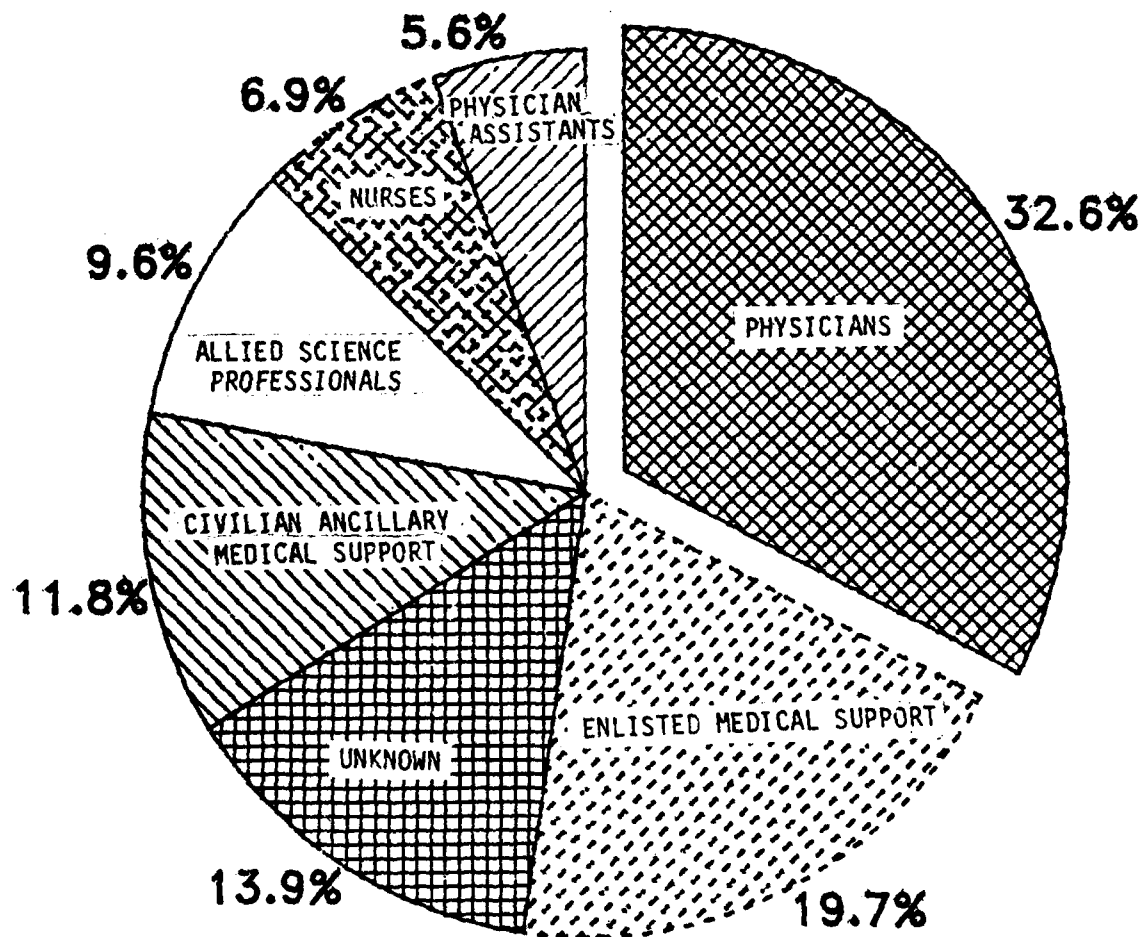
* Department of Army enlisted soldiers (medical, behavioral science, physical therapy, eye specialists, etc.)

** Department of Army civilian employees (ancillary support technicians in all health areas)

Figure P-1

ENCOUNTERS BY PROVIDER CATEGORY

TOTAL ENCOUNTERS = 3,108,741

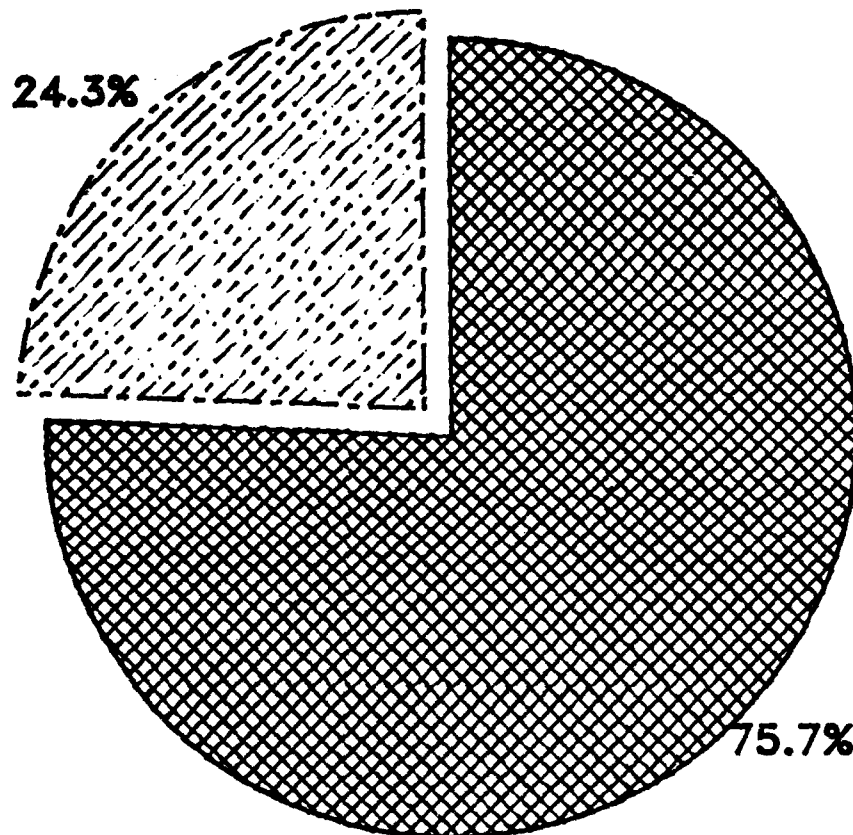


ENCOUNTERS WITH COMPLETED REGISTRATIONS

APPENDIX Q

Figure Q-1

PATIENT ENCOUNTERS WITH SUPPORTING PATIENT REGISTRATION



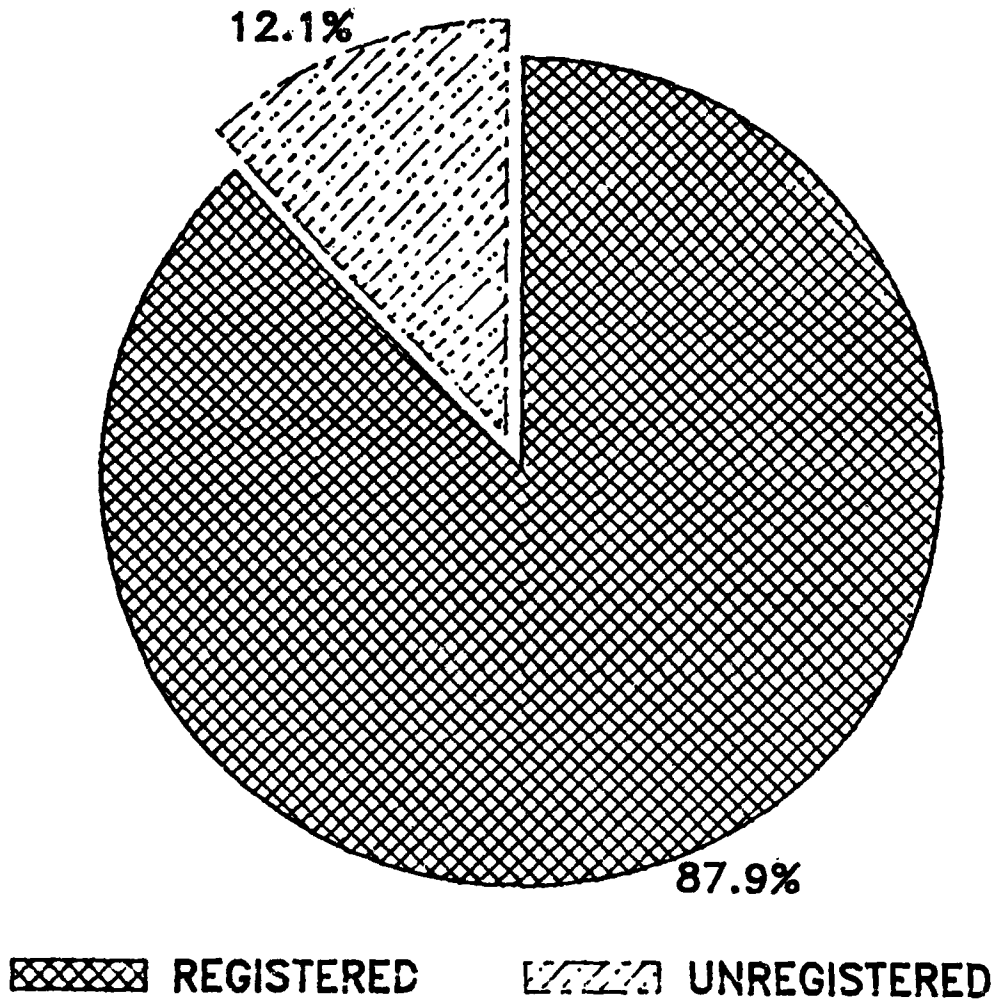
 REGISTERED  UNREGISTERED

Number of encounters with patients registered	2,352,101
Number of encounters with patients unregistered	756,640
Total number of patient encounters	3,108,741
Percentage of encounters with registered patients	75.7%

Note. Registration of demographic variables as contained in Appendix N.

Figure Q-2

PATIENT ENCOUNTERS WITH SUPPORTING PROVIDER REGISTRATION

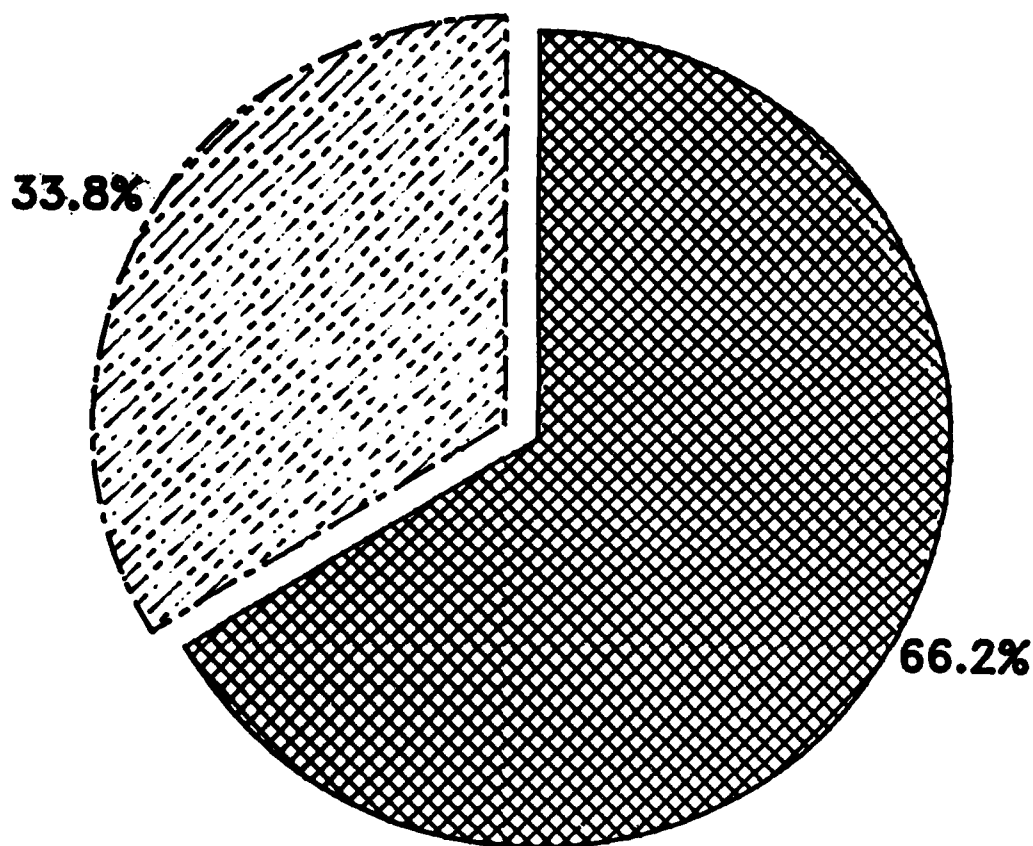


Number of encounters with registered providers	2,733,897
Number of encounters with unregistered providers	374,844
Total number of patient encounters	3,108,741
Percentage of encounters with registered providers	87.9%

Note. Registration of demographic variables as contained in Appendix N.

Figure Q-3

PATIENT ENCOUNTERS WITH BOTH PATIENTS AND PROVIDERS REGISTERED



 **REGISTERED**  **UNREGISTERED**

Number of encounters with both providers and patients registered	2,058,995
Number of encounters with either provider or patient unregistered, or both unregistered	1,049,746
Total number of patient encounters	3,108,741
Percentage of encounters with both registered	66.2%

Note. Registration of demographic variables as contained in Appendix N.

Q-4